



## Order Ruma capsule app

### Customer

\_\_\_\_\_

Medical office

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

E-mail

\_\_\_\_\_

Telephone/Fax

\_\_\_\_\_

LDS abbreviation

**Please send via fax to: +49 (0) 221 / 3990 11 20**

**Oder via e-mail to: info@marker-test.de**

Order form

\_\_\_\_\_

Date

ARTICLE	NUMBER								DONE
	10	25	50	100	250	500	1000	Other	
<b>Marker capsule app</b>	10	25	50	100	250	500	1000		
<b>Urine tubes</b>	10	25	50	100	250	500	1000		
<b>Urine cups</b>	10	25	50	100	250	500	1000		
<b>Transport tubes</b>	10	25	50	100	250	500	1000		
<b>Lab slips (private, Nr. 0084004307)</b>	10	25	50	100	250	500	1000		
<b>Lab slips (insurance, Nr. 0084002307)</b>	10	25	50	100	250	500	1000		
<b>Barcode sticker</b>	10	25	50	100	250	500	1000		
<b>Mailing bag</b>	10	25	50	100	250	500	1000		
<b>Instruction capsule app</b>	10	25	50	100	250	500	1000		
<b>Order forms</b>	10	25	50	100	250	500	1000		

\_\_\_\_\_

Date

Stamp

\_\_\_\_\_

Signature