ETB-BISLIFE

# ORDERFORM SCLERA

**Please print (do not write) your information clearly!**

To: ETB-BISLIFE
Email: infoskin@etb-bislife.org

| | |
|---|---|
| Order date: | Time: |
| From: | Telephone: |
| Name: | Fax: |
| Department: | E-mail: |

Human Sclera:

| | | | | |
|---|---|---|---|---|
| Art.nr. ECB01 | Whole | ☐ | ..... | Quantity |
| Art.nr. ECB02 | Quadrant | ☐ | ..... | Quantity |
| Art.nr. ECB03 | Segment | ☐ | ..... | Quantity |

WHEN do you want this order to be delivered?

Date:

WHERE do you want this order to be delivered?

Billing address:

Your order reference / number:

**NOTE:**

For additional information or urgent messages, please call: +31 (0)23 204 11 60
For medical questions +31 (0)23 204 11 40

Our General Terms & Conditions are applicable for this order. This document is enclosed in every shipment and available on www.etb-bislife.org.