SAMPLE REQUEST FORM (Disposables)

Please fax or email your request to:

Fax: (416) 665-1615 Email: custsrvc@lifetronics.com

Please include the following information:	
Ship To:	
Name:	
Hospital:	
Address:	
City:	
Province:	
Postal Code:	
Contact Person:	
Department:	
Telephone Number:	
Extension:	
Special Instructions:	
Product Description:	
Manufacturer:	
Quantity:	
Part Number:	
Additional Details:	
Office Use Only:	
Lifetronics Medical Inc, 401 Magnetic Drive Unit 1, Toronto ON M3J 3H9	