

	DEMO EQUIPMENT TRIAL EVALUATION REQUEST
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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:	
Date Require:	
Return Date:	
Shipping Instructions:	
Copy of Medical Device Required: Yes / No	
Trial & Evaluation Purchase Order Number:	
Product Description:	
Manufacturer:	
Quantity:	
Part Number:	
Serial Number:	
Additional Details:	
Accessories To Be Included:	
Terms and Conditions:	
Lifetronics Medical will provide the above mentioned product(s) at no charge to the hospital for evaluation. It is the hospital's responsibility to ensure that the product(s) are returned in their original condition. Should the product(s) be returned damaged or should the items go missing, the hospital will be responsible for the repair or replacement of the product(s).	
Lifetronics Medical Inc, 401 Magnetic Drive Unit 1, Toronto ON M3J 3H9 Tel. 1-800-263-8239 Fax (416) 665-1615 www.lifetronics.com	