



ETB-BISLIFE

# ORDERFORM GLYADERM

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

To: ETB-BISLIFE Skin Department  
Email: [infoskin@etb-bislife.org](mailto:infoskin@etb-bislife.org)

Order date:

Time:

From:

Telephone:

Name:

Fax:

Department:

E-mail:

Quantity of Glyaderm needed: cm<sup>2</sup>

Special requirements:

Glyaderm: Meshed 1:1

WHEN do you want this order to be delivered?

Date: 12.00 h

9.00-18.00 h

Please be aware that an urgent delivery does have very expensive courier costs.

WHERE do you want this order to be delivered?

Billing address:

E-mail address:

Your order reference / number:

Comments / Remarks:

**NOTE:**

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

Our General Terms & Conditions are applicable for this order. This document is enclosed in every shipment and available on [www.etb-bislife.org](http://www.etb-bislife.org).