




MEDIZINPRODUKTE-OPHTHA & TECHNOLOGIE



Individual compilation of **Catarakt pack**

Customer: _____

Address : _____

<input type="checkbox"/> Wrapping drape	Crepe _____ cm				
	Table cover _____ cm 2-ply (waterproof)				
<input type="checkbox"/> Eye drape cover system SMMS	Size: _____ x _____ cm	Adhesive edge: <input type="checkbox"/> with <input type="checkbox"/> without			
<input type="checkbox"/> Eye drape cover system 2-ply, waterproof	Opening: <input type="checkbox"/> 4 x 7 cm <input type="checkbox"/> 6 x 8 cm <input type="checkbox"/> 7 x 10 cm	Incision Film: <input type="checkbox"/> separately <input type="checkbox"/> integrated <input type="checkbox"/> perforated closed		Fluid collection pouch: <input type="checkbox"/> with <input type="checkbox"/> without _____ piece(s)	
<input type="checkbox"/> Drape	Size: _____ x _____ cm	_____ piece(s) <i>for example: to cover the prepared instrument tables</i>			
<input type="checkbox"/> Eye shield transparent	<input type="checkbox"/> with <input type="checkbox"/> without _____ piece(s)				
<input type="checkbox"/> Liquid filter	<input type="checkbox"/> with <input type="checkbox"/> without _____ piece(s)				
<input type="checkbox"/> Instrument wipe	<input type="checkbox"/> with <input type="checkbox"/> without _____ piece(s)				
<input type="checkbox"/> disposable towles	<input type="checkbox"/> with <input type="checkbox"/> without _____ piece(s)				
<input type="checkbox"/> Arm rest cover	<input type="checkbox"/> Elastic band <input type="checkbox"/> with Tape <input type="checkbox"/> without all _____ Pair				
<input type="checkbox"/> Surgical gown	Please choose: Gr. S Gr. M Gr. L Gr. XL				
	Piece(s) : _____				
<input type="checkbox"/> Surgical gloves	Model: _____	Size: _____	pair	<input type="checkbox"/> Latex-free	
	Model: _____	Size: _____	pair	<input type="checkbox"/> Latex-free	
<input type="checkbox"/> Syringe	Please choose: Syringe L Syringe LL				
	<input type="checkbox"/> 1 ml-TB syringe, Luer Omnifix _____	piece(s)	_____	piece(s)	
	<input type="checkbox"/> 2 ml Syringe _____	piece(s)	_____	piece(s)	
	<input type="checkbox"/> 5 ml Syringe _____	piece(s)	_____	piece(s)	
	<input type="checkbox"/> 10 ml Syringe _____	piece(s)	_____	piece(s)	
	<input type="checkbox"/> 20 ml Syringe _____	piece(s)	_____	piece(s)	
<input type="checkbox"/> Cannula	Please choose: <input type="checkbox"/> No. 1 <input type="checkbox"/> No. 2 <input type="checkbox"/> No. 12 <input type="checkbox"/> No. 14				
	_____	piece(s)	_____	piece(s)	_____
	<input type="checkbox"/> No. 16 <input type="checkbox"/> No. 17 <input type="checkbox"/> No. 18 <input type="checkbox"/> No. 20 <input type="checkbox"/> Cannula Sauter	_____	_____	_____	_____
	_____	piece(s)	_____	piece(s)	_____
<input type="checkbox"/> Special cannula	Model: _____ piece(s)				
<input type="checkbox"/> Eye compresses	Size: _____ piece(s)				
<input type="checkbox"/> Eye compresses with hole	Size: _____ piece(s)				
<input type="checkbox"/> Gauze compresses	Please choose: 8-fold 12-fold				
	Size: 5 x 5 cm _____	piece(s)	_____	piece(s)	
	Size: 7,5 x 7,5 cm _____	piece(s)	_____	piece(s)	
	Size: 10 x 10 cm _____	piece(s)	_____	piece(s)	
<input type="checkbox"/> Swab etc.	Please choose:	Plum swab _____	Cotton buds <input type="checkbox"/> small head _____	Cotton buds <input type="checkbox"/> big head _____	Pro Ophta Sticks (cigarettes) _____
		piece(s)	piece(s)	piece(s)	piece(s)
<input type="checkbox"/> Phaco Lances	From 1,0 to 3,5 mm	Size: _____ mm			
<input type="checkbox"/> Paracentesis-Knife	<input type="checkbox"/> 15° <input type="checkbox"/> 22,5° <input type="checkbox"/> 30° <input type="checkbox"/> 45°				
<input type="checkbox"/> MVR-Knife	<input type="checkbox"/> 19G / <input type="checkbox"/> 20G <input type="checkbox"/> straight <input type="checkbox"/> angled				
<input type="checkbox"/> Disposable Microscope handle sleeves	Model : <input type="checkbox"/> Möller-Wedel _____ piece(s)				
	Model : <input type="checkbox"/> Zeiss _____ piece(s)				
	Other : <input type="checkbox"/> _____ piece(s)				
<input type="checkbox"/> Other wishes	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> 				

We will of course be happy to provide you with a free sample set - sterile or non-sterile - according to your requirements.

MEDIZINPRODUKTE – OPHTHA & TECHNOLOGIE

Dieter Pietrus e.K.
 Speckhorner Str. 262
 D-45659 Recklinghausen

Phone: 0049 2361 904484-0
 Fax: 0049 2361 904484-10
 Email: mpo.dp@t-online.de