

Quotation form GE YOKOGAWA MEDICAL SYSTEMS LOGIQ7 PANEL

In order to avoid unnecessary delays related to the order reception process, you are kindly asked to complete the form in full and send it to us along with the malfunctioning device.

Fault description:		Manufacturer:	GE YOKOGAWA MEDICAL SYSTEMS	
Error codes / information displayed on screens (if applicable): Company information: Name: Tax ID. (NIP): Registered office address: Address for shipping: Personal collection of device: Yes/No Contact person information: First name, surname: Phone: E-mail: E-mail of person		Model:	LOGIQ7 PANEL	
Error codes / information displayed on screens (if applicable): Company information: Name: Tax ID. (NIP): Registered office address: Address for shipping: Personal collection of device: Yes/No Contact person information: First name, surname: Phone: E-mail: E-mail of person	Fault descrip	tion:		
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