VEAR SURGICAL INSTRUMENTS

**Vear Surgical Instruments**
Unit 4/88 Gargan Rd
Tauriko, Tauranga 3110
**DDI.** 07 220 0222
**E.** service@vearsurgical.co.nz

**GST NO. 74-564-909**

**Sent** _____ **Received** _____

**Signed** _____ **Signed** _____

| **Return To:** | **Accounts Payable:** |
|---|---|
| Contact | Address |
| Address | |
| | |
| | |
| | |
| Phone | Phone |
| Email | Email |

**Note:** Repair not carried out if there is a safer or more cost effective alternative

**Quote Required** **YES / NO**

Purchase order number: _____

| QTY | ITEM | SERIAL # | REPAIR DESCRIPTION |
|---|---|---|---|
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All items have passed through disinfection process? **YES / NO**

All items have been sterilised? **YES / NO**