



COVID-19 SPECIAL OFFER

ORDER FORM

To reserve your product, please fill out this order form.
Please return it by email at: commandecovid19@sonoscanner.com
You can directly contact Mr. Etienne RICHARD, International
Coordinator at +33 (0)6 75 60 55 97

Urgent Delivery

Last Name: _____ First Name: _____
Hospital: _____
Department / Service: _____
Zip code: _____ City : _____ Country : _____
Mobile Phone: _____ E-mail address: _____

Ultra-Portable Emergency Ultrasound Scanner, Pulmonary, Pulse Doppler:

Selected model(s): 7" - 0,5 Kg 10" - 1 Kg
Quantity of each model :

Probe(s):

- Pulmonary (micro-convex) Vascular Access (linear)
 Cardiac (phased-array) Abdominal (convex)

Other probes : _____

Terms of Delivery:

Desired Delivery Date: / /

Terms of Delivery: _____ Delivery Contact Name: _____

Payment Method:

- Immediate Deferred payment

Remarks :

Made in: _____ On: _____

Signature :

COVID-19 EMERGENCY PLAN OF ACTION



SONOSCANNER
Premium Diagnostic Ultrasound

Emergency telephone number: +33 (0)6 75 60 55 97
Contact: Mr. Etienne RICHARD, International Coordinator
etienne.richard@sonoscanner.com
Website Order Access: www.sonoscanner.com