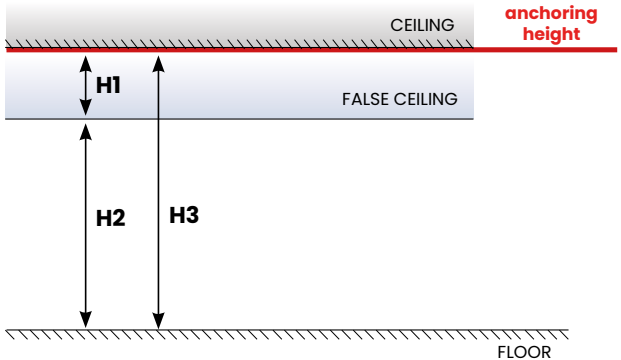


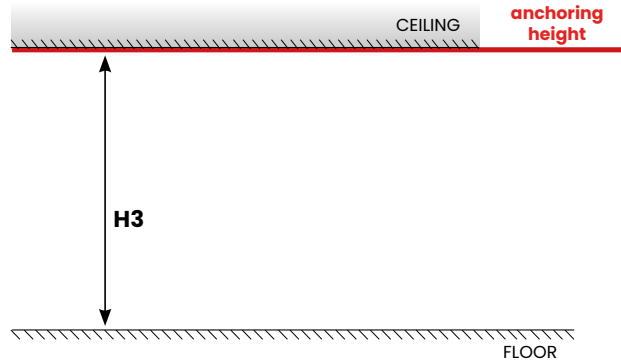
Date:		Company:	
Order n°:		Hospital:	
City:		Country:	
Lamp model:			
Reference:		Phone:	

1. Select the type of room

TYPE A - room with false ceiling



TYPE B - room with NO false ceiling



2. Complete the fields related to the chosen type of room

H1 = _____ cm

H2 = _____ cm

H3 = _____ cm = **anchoring height**

Power = _____ V

WE CONFIRM THAT LAMP DIMENSIONS HAVE BEEN CHECKED ON RIMSA BROCHURE AND OT ROOM IS SUITABLE FOR THE INSTALLATION OF THE LAMP ORDERED.

SIGNATURE FOR ACCEPTANCE