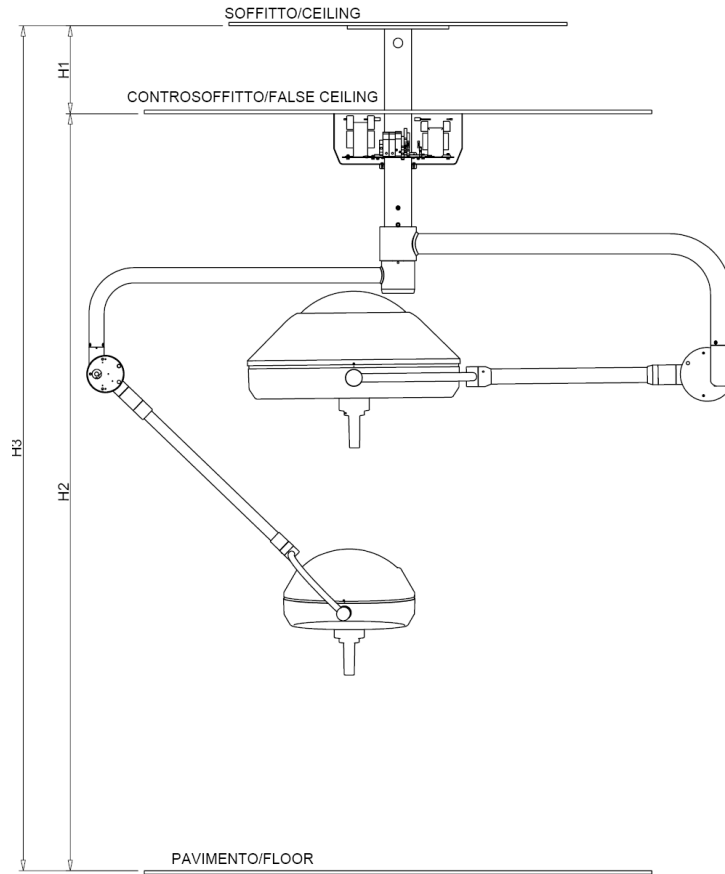


## HEIGHT OF THE ROOM / ALTEZZA SALA



**PLEASE FILL IN / SI PREGA COMPILARE IL SEGUENTE MODELLO:**

COMPANY NAME:

DATE:

MODEL:

CURRENT / POWER SUPPLY:

H1:

H2:

H3: (H1+H2):

NAME OF THE HOSPITAL:

CITY:

COUNTRY:

WE CONFIRM THAT LAMP'S DIMENSIONS HAS BEEN CHECKED ON RIMSA BROCHURE AND OPERATING ROOM IS SUITABLE FOR INSTALLATION OF THE LAMP ORDERED.