Lowerlimbs Prosthesis Order Form

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Email: **info@regalprosthesis.com**
Tel: **+(852) 2771 8991**
Fax: **+(852) 2384 5948**

REGAL®

Customer details

Company:	Your purchase order no.:	Order date:
Address:		Contact person:
Tel: +( )	Fax: +( )	Email:

Order details

Model no.	Description of goods	Qty	Unit Price (USD)	Total amount (USD)