

# Inquiry

Ceiling Rail Systems, Lamps, IV-Poles, Wall Rail Systems,

Offer requested by \_\_\_\_\_

Company \_\_\_\_\_

Mr.  Mrs.  Contact person \_\_\_\_\_

Street \_\_\_\_\_

City / city code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

Your project \_\_\_\_\_

ICS 1

ICS 2

ICS 3

**(Rail-) shape** (please take note of min. radius, s. catalogue)

Straight rail

Length \_\_\_\_\_ mm

Quantity of systems \_\_\_\_\_

U-Shape

L-Shape

Parallelsystem

Length \_\_\_\_\_ mm

Breadth \_\_\_\_\_ mm

Quantity of systems \_\_\_\_\_

**Spacers**

not needed

needed

(please specify room heights below)

Item number

Quantity

IV-Poles \_\_\_\_\_

Concrete ceiling \_\_\_\_\_ mm

Intermediate ceiling \_\_\_\_\_ mm

Room height = \_\_\_\_\_ mm

Accessories \_\_\_\_\_

Special requests \_\_\_\_\_

(please specify special requests very detailed by sketch etc.) Do you need assistance for a detailed inquiry?

Please give us a call. Our sales-team will be pleased to help you! We can also provide you with local advice in cooperation with architects, hospital planners, hospital staff, etc. (for free)!



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