

Date:			
Edited by:			
Your Job:			
APH	KH	other	

Your Name:		
Function:		
	•	

Name of Institution:	
Contact / decision ma-	
kers	E-Mail-Adress:
Street:	
ZIP / Location:	
Telephon:	
Telefax:	
Cellphone:	
E-Mail:	
Internet / Homepage:	
Number Bedpan:	
Year of Purchase:	

Chemically decentralized (Piece)	Thermal decentralized (Piece)

Number of beds ?	
Number of stations?	
Number of bedpan washers that	
are older than 5 years?	
Number of bedpan washers that	
are older than 10 years?	
Who is the manufacturer of your	
bedpan?	

Thanks for your support!

Telefax: +49 35 86 36 86 28