Service Repair Sheet SRS68199

Date Promised to Return: 01 Jan 1970 -3600

Contact Name

Komal Gohil

Company/ Hospital Name

Muscat Pharmacy LLC

Department

Engineering

Position

Direct Phone +968 24814501

General Phone

00968 99378612

Opera Account

00007020

Email

komal\_gohil@mpmct.com

Order Number Date Received 222960 04/Jul/2022

Booked in By

Robert Connor

Main Company

Viamed

Type Return

For Servicing

otes 10/Jun/2022 Ryan Swaine

I/Jun/2022 Ryan Swaine

1000 for Service and calibration certificate - part no. 1480000 USD46.75 EXW. SN: PR01974A12

!/Jun/2022 Sophie Lines

D received and attached

'/Jun/2022 Sophie Lines

ustomer would like the calibrated unit to be sent back with their order CVM137867 - please see email attached I/Jun/2022 Catherine Spence

count on stop, do not proceed until Helen has told us that the account has been paid.

I/Jul/2022 Robert Connor

eceived 1 x V1000 s/n PR0197A12, with grey silicone cover and blue fabric carry case.

I/Jul/2022 Philip Crossley

30309 Transducer interface cushion is free with service

Ready For quote

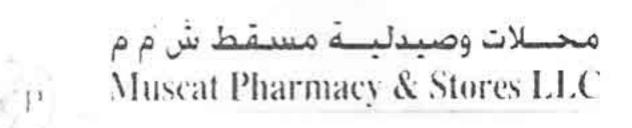
Repair Complete Signed

agreen 8.7.22

SRN	Equipment	Stock Ref	Serial Number	Warranty	
SRN35115	Foetal Simulator	1410000	PR01974A12		

14800000 x 1 \$46.75 51N, SRS, SRN Ship with CVM13786 Carriage cho Onclose Orcles (98)

OPS × 1. Shipping with CVM137867E



P.O. Box: 438, Muscat, P.C.: 100, Oman Tel.: 968 24814501, Fax: 968 24815201/202

C.R. No.: 1/01091/3
E-mail: mphq@mpmct.com
Web: www.muscatpharmacy.net

## **PURCHASE ORDER**

Supplier	Order Details			
TO: VIAMED LTD U.K.	Order Reference: 222960/ENGG/MPH/KG			
ATTN: RYAN SWAINE	Date: 22/JUN/2022			
CC : KOMAL GOHIL (OMAN) / HARISH MISTRY (OMAN)	Supplier Offer: E-mail dtd. 06th June 2022 – Ref. No. SRS68199			

	Ship Mode	Ship Terms	Currency		Shipment Arr.	
COURIER			USD		AS SOON AS POSSIBLE	
Sl.No.	. Description			Qty	Price	Total
1	P/NO. 1480000 (S/N. PR01974A12)	H CERTIFICATE OF CALIF	BRATION	1	46.75	46.75
		TOTAL				46.75

Ministry of Health, Oman has implemented online clearance system (Import Control) wherein all the invoices pertaining to Medical Devices require Health Authority approval in order to clear the shipment by customs.

- Invoice in PDF (separately without any shipping documents) is required for submission. Multiple invoices in one PDF are also not allowed.
- Product description must be clearly mentioned in the invoice.
- All medical device (New Product/Any Changes) need to be listed at least 10 working days prior to shipping. You may Contact Ms. Nijun Joel (nijun@mpmct.com) if you need any further queries.
- All invoices for clearance must be forwarded to device.clearance@mpmct.com at least five working days prior to the possible date of the shipment's arrival.
- Please add the correct scientific name of the Medical Device.
- Limit the number of products in one invoice to maximum 20 products only.
- The invoice for medical device should be separate and not to be clubbed with pharmaceutical products and medicated medical devices.
- Copy of Ministry of Environment Permit (wherever applicable) must be provided along with the invoice for MoH submission.

## TERMS & CONDITION:

- 1. Please accept this e-mail as our "Confirmed Order" and let us know once the unit is calibrated, so that we can arrange collection.
- 2. Please mention HS Code against each and every item in your order confirmation / advance Invoice, enabling us to take prior approval from customs authorities, to avoid any delay in the clearance of goods. Also, we would like to inform you that a copy of Certificate of Origin should be attached with the Airway Bill / Bill of Lading for all shipment moving either through sea or air, to be submitted to the customs authorities, which will enable us to clear

Service Repair Sheet 68199

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Company/ Hospital Name

Muscat Pharmacy LLC

Department **Direct Phone** General Phone Engineering +968 24814501 00968 99378612

Komal Gohil

Opera Account

00007020

Email

komal\_gohil@mpmct.com

Order Number Date Received Booked in By

222960 04/Jul/2022

Robert Connor

Repair

Ref

S/N

**Equipment Type** 

SRN35115

1410000 PR01974A12

Foetal Simulator

Complete - Repaired

Time: 0 Hour(s)

V1000 has had transducer interface cushion replaced and calibration has been checked