



# VIAMED

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## ENQUIRY FORM

Title/Name: \_\_\_\_\_

Position: \_\_\_\_\_

Hospital/Institution/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

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Email: \_\_\_\_\_ Website: \_\_\_\_\_

I would like more information by: Post ☐ Email ☐ Phone ☐ Fax ☐ Visit ☐

I would like more information on the following products:

### Capnography

Mainstream  
Sidestream  
Multigas  
Sampling Lines  
Accessories

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### Phototherapy

Eyemasks  
Hoods/Lighshields

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### Pulse Oximetry

Pulse Oximeters  
Pulse Oximetry Sensors  
Accessories

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### Oxygen Monitoring

Oxygen Hoods/Tents  
Oxygen Monitors  
Oxygen Sensors  
Flowsensors  
Accessories

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Acrylic Products  
Alcohol Monitoring  
Haemoglobin Monitoring  
Infant Resuscitation  
Nerve Stimulators  
Radiant Warmers  
Temperature Probes  
Test and Simulation Equipment

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