

# Delivery Ticket

Customer Name:

RTS:

Address:

Phone:

Serial Number:

Phone:

Fax:

Qty	Item Number	Manufacturer	Model	Description	Code	Retail

**GRAND TOTALS:**

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Date: \_\_\_\_\_

*If Patient Unable to Sign*

Notes: