

 <b>CUSTOM ULTRASONICS,</b>		<b>SHEET 1 OF 2</b>	<b>REVISION B</b>	<b>DOCUMENT NUMBER FORM 8.47</b>
<b>PREPARED BY:</b> Signature on File	<b>DATE:</b>	<b>TITLE: LID REPLACEMENT FORM</b>		
<b>APPROVED BY:</b> Signature on File	<b>DATE:</b>			

Facility Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_

P.O. Number: \_\_\_\_\_

Facility Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Ship by:  Ground  Next day air  Second day air  Three day select

Type of System:  83 + 2 (Single Bay)  83 + 9 (Double Bay)  83 + 10 (Triple Bay)  
 81 Single  81 Dual

System Serial Number: \_\_\_\_\_

LID DIMENSIONS: (Please fill in the **EXACT** dimensions of the lid(s) you wish to order.)

\*Check boxes that are applicable below:

♦PROCESSING CHAMBER LID:  Yes  NO Part Number (13053) @ \$320.00

♦ULTRASOUND Access CUT-OUT:  Yes  NO Part Number (13091) @ 175.00

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Quantity: \_\_\_\_\_

♦RESERVOIR LID: Part Number (13054) @ \$239.00

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Quantity: \_\_\_\_\_

Is your system equipped with "**Ultrasound Access**"?  Yes  NO

Does your System have a condensation tray on the back of the Processing Chamber?  
 Yes  NO

Please fax Purchase Order with this completed form to (215) 364-8760

\* This form is to be used for external customers only.\*



Custom Ultrasonics, Inc.  
PO Box 850  
Buckingham, PA 18912  
(215) 364-1477

**Please allow up to 30 days from receipt for order processing.**

**\*Use this form to order replacement clear Plexiglas lids only!**

REVISION	DCO NUMBER	DESCRIPTION OF CHANGE	ORIG.	QA RELEASE	DATE
A	N/A	New Document	X	Signature on File	8/21/07
B	174	Added new price points for part numbers (13053, 13091, and 13054). Reference to Ultrasound Access. Corrected punctuation.	-	Signature on File	12/12/08