

Model #: \_\_\_\_\_ Customer Name: \_\_\_\_\_

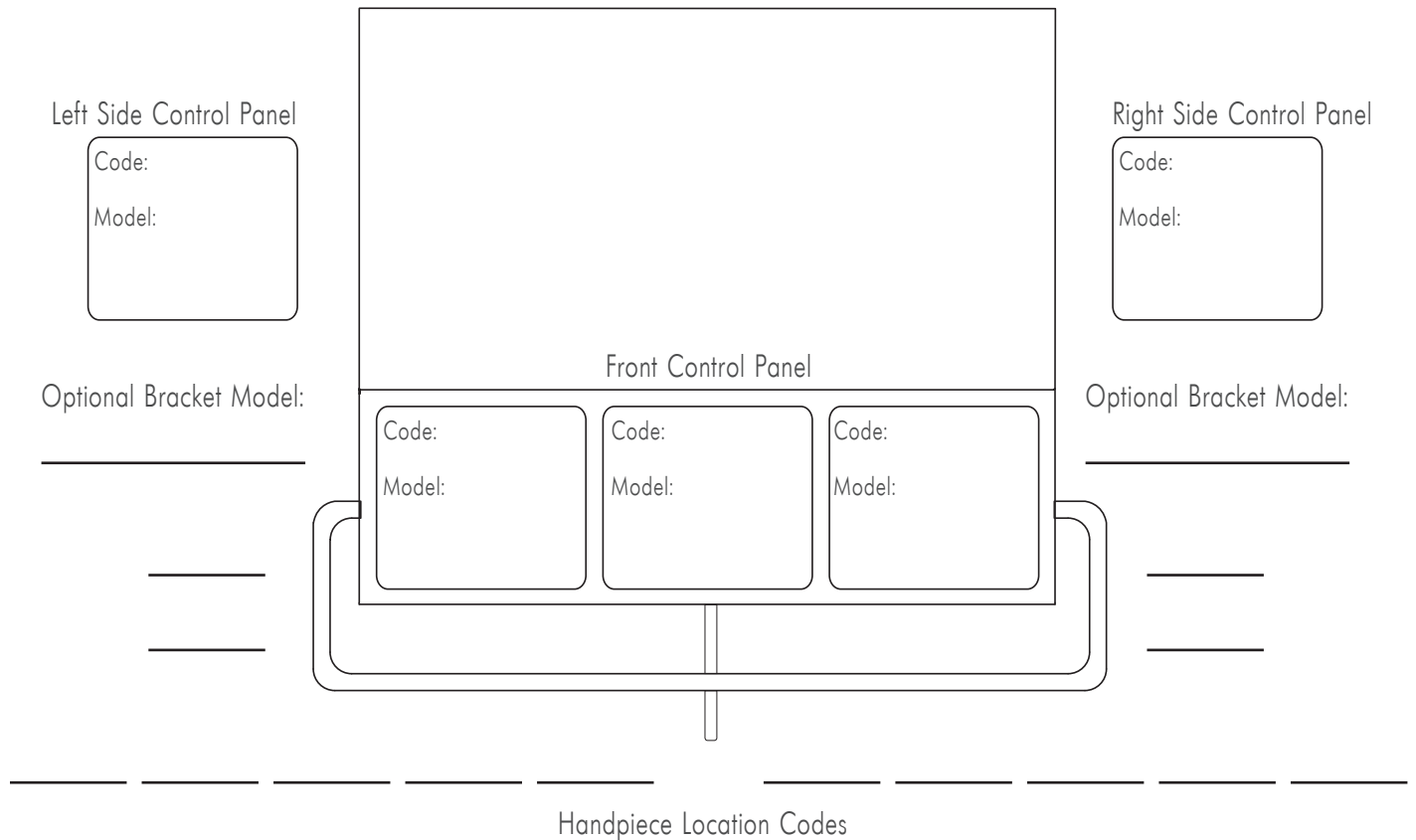
Delivery Style: \_\_\_\_\_ Configuration: Standard -or- Custom - see Design Specifications

Design Specifications:    Y    N

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

Sign-off By/Date:    Y    N

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_



Optional Instrument Arm:    Y    N

Right    Left    Bar    Side

Left    Right

\_\_\_\_\_

\_\_\_\_\_

Notes:    Y    N

If you are satisfied with your configuration, please click to e-sign or sign and date in the space provided above and return to ASI by clicking the Approve and Submit button below, or scan and email to [sales@asimedical.net](mailto:sales@asimedical.net).