
DIATEC CANADA

A division of Audmet Canada Ltd.

Please complete the following Proof of Delivery when dropping off product at the Clinic or the Customer picking up Product at DiaTec.

Clinic Name: _____

Clinic Account No: _____

Shipment No: _____

Invoice No: _____

Sales Order No: _____

Posting Date: _____

Received by (Please Print): _____

Recipient's Signature: _____

Date Received: _____

Delivered by (DiaTec): _____