PODMED
SUPPLIES

**Date of Document:** **9/5/2025**
**Clinic Name:** Stride Podiatry
**Clinic Address:** 3/24 Beesley St, West End QLD 4101
**Clinic Phone:** 0.46919798
**Clinic Contact:** Cristina

**Sterile insturment order:**

| Item | Quantity | Sterilisation Date | Tracking number | Expiry Date |
|---|---|---|---|---|
| Podiatry Treatment Pack- Diamond Burr | 22 | 9/5/2025 | 250509:1 | 8/5/2026 |
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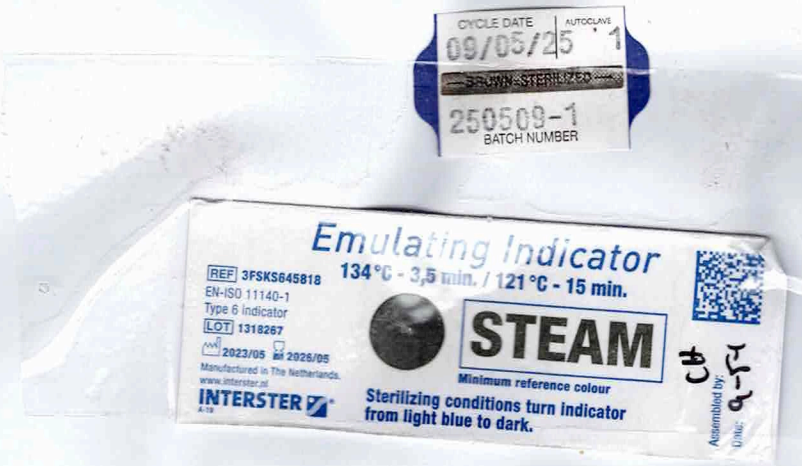
|---|---|---|---|
| **Total items:** | 22 | **Batch** | **Sets** |
| **Clean boxes Supplied:** | 1 | 250509:1 | 20 |
| **Dirty Boxes supplied:** | 1 | | |

**Sterile compliant on autoclave** YES / NO
**Sterile compliant on pack** YES / NO
**Sterile compliant on class 6 emulating indicator** YES / NO
**Sterile compliant on indicator label** YES / NO




**Certified By: Chris H**

**Signed:**

**Notes:**