

**Date of Document:** 21/1/2026  
**Clinic Name:** Sharyn Narvas Podiatry  
**Clinic Address:** 29 Timberland Dr Tarneit 3029  
**Clinic Phone:** 0401678285  
**Clinic Contact:** Sharyn Narvas Podiatry

**Sterile instrument order:**

Item	Quantity	Sterilisation Date	Tracking number	Expiry Date
Podiatry Treatment Packs	20	19/1/2026	2260119-5	18/1/2027

**Total items:** 20      **Batch**      **Sets**  
**Clean boxes Supplied:** 1      2260119-5      20  
**Dirty Boxes supplied:** 1

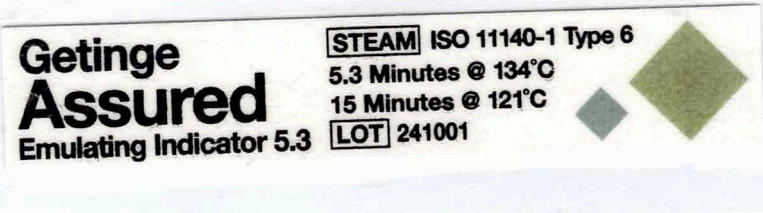
Sterile compliant on autoclave  
 Sterile compliant on pack  
 Sterile compliant on class 6 emulating indicator  
 Sterile compliant on indicator label

YES / NO  
 YES / NO  
 YES / NO  
 YES / NO



**Certified By:** Chris H

**Signed:**  

**Notes:**

Sterilised By PodMed Supplies  
 STERILISATION DATE: 19/01/2026  
 BATCH NUMBER: 2260119-5  
 EXPIRATION DATE: 18/01/2027  
  
 STERILE   
 DO NOT USE IF PACK IS DAMAGED