PODMED
SUPPLIES

**Date of Document:** 1/8/2025
**Clinic Name:** Molemap Brighton
**Clinic Address:** 14/3 Male St Brighton 3186
**Clinic Phone:** 1800 665 362
**Clinic Contact:** Sophie

**Sterile insturment order:**

| Item | Quantity | Sterilisation Date | Tracking number | Expiry Date |
|---|---|---|---|---|
| Suture Set | 4 | 1/8/2025 | 250801:1 | 31/7/2026 |
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**Total items:** 4 **Batch** **Sets**
**Clean boxes Supplied:** 1 250801:1 4
**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:**