

Withdrawal form

Dr. Hönle Medizintechnik GmbH

Dornierstraße 4

82205 Gilching, Germany

I / we (*) hereby revoke the contract concluded by me / us (*) for the purchase of the following goods (*) / the provision of the following service (*)

Ordered on (*) / received on (*)

Name of the consumer (s)

Address of the consumer (s)

.....

Signature of the consumer (s) (only for notification on paper)

.....

Date

(*) Inapplicable