

[MEDICAL SUPPLIER NAME]

ISO 13485 CERTIFIED MEDICAL DEVICES

PROFORMA INVOICE

Date: [DD/MM/YYYY]

Number: PI-XXXXXXX

SELLER DETAILS:

[Street Address]

[City, State, Zip]

[Tax ID / VAT Number]

[Phone / Email]

CONSIGNEE / SHIP TO:

[Hospital/Clinic Name]

[Department/Attn]

[Street Address]

[City, Country, Zip]

SKU/MODEL NO.	DESCRIPTION OF EQUIPMENT	FDA/CE CLASS	QTY	UNIT PRICE	TOTAL
[Model-001]	[Device Name - e.g., Ventilator System] Serial Number Tracking: Yes	[Class II]	[0]	\$0.00	\$0.00
[Model-002]	[Device Name - e.g., Patient Monitor] Include Lead Cables & Sensors	[Class II]	[0]	\$0.00	\$0.00

Subtotal: \$0.00

Shipping (Medical Grade Packaging): \$0.00

Tax/VAT: \$0.00

GRAND TOTAL: \$0.00

PAYMENT TERMS:

[Bank Name]

[SWIFT/BIC]

[Account Number]

SHIPPING TERMS (INCOTERMS):

[DAP / EXW / CIF]

Estimated Delivery: [X] Weeks

Origin: [Country]

Terms & Conditions: Equipment remains the property of the seller until full payment is received. Standard medical warranty applies for [X] months. Installation and calibration services [Included/Excluded].

This document is for customs and clinical procurement purposes. All equipment listed complies with [Regional Medical Authority] standards.