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Order Form

fficially Registered Billing Address:			Shipping Address (if different)	
anization Name: e of Legal Entity: et Address: et Address: . Post Code: . Reg. No.: . tact Person: . ne/Fax: . ail:				
		ease return the completed Order Form via fax o y to Friday 8:30 a.m. to 5:00 p.m. (except German / N		ian nuhlic hol
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Please provide Name*: Date*	Article No.	Article Description Deltyba™ 50 mg, 48 film-coated tablets Deltyba™ 25 mg, 48 dispersible tablets tion (IN CAPITAL LETTER). Fields marked with an asterisk (*)	Unit Price	
Please provide Name*: Date*	Article No.	Article Description Deltyba™ 50 mg, 48 film-coated tablets Deltyba™ 25 mg, 48 dispersible tablets tion (IN CAPITAL LETTER). Fields marked with an asterisk (*)	Unit Price	

17-Aug-2023