

[REDACTED]

Od: [REDACTED]
Odesláno: 21. října 2020 13:19
Komu: [REDACTED]
Předmět: RE: [EXT] objednávka 20/504/MA

Dobrý den,

potvrzují.

[REDACTED]
Sales Representative ACT

Mobile + [REDACTED]
[REDACTED]

GETINGE 

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Na Strži 65/1702
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Czech Republic

From: [REDACTED]
Sent: Wednesday, October 21, 2020 12:07 PM
To: [REDACTED]
Subject: [EXT] objednávka 20/504/MA

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Dobrý den, pane [REDACTED]

V příloze posílám objednávku na expirační moduly. Prosím o její potvrzení.

S pozdravem

[REDACTED]

--

[REDACTED]
zdravotní technika
Nemocnice Písek, a. s.
Karla Čapka 589
397 01 Písek
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