

EBERHARD BÄUERLE  
 MEDIZINTECHNIK  
 CUTATEST ELEKTROAKUPUNKTURGERÄTE  
 ECKENWEIHERSTR. 27

D- 75417 MÜHLACKER / GERMANY  
 TEL.+FAX 07041/43079  
 WWW.CUTATEST.DE

## 35 Years of Cutatest Electro Acupuncture Devices

### Cutatest 3A Electro Acupuncture Device for BFD or EAP Price List / Order Form

(Updated in Febr. 2010)

Article No.	Article	Unit Price (EUR)	No. of Articles
1250190001	Electro acupuncture device 3a	1800,00	
<b>BASIC EQUIPMENT:</b>			
1110202	Electrodes stylo 3A	87,50	
1110204	Point electrode, 3 mm, silver-plated	26,00	
2110203	2 Hand electrodes, silver-plated	88,20	
1110205	Security wire 150 cm, black BU 4/2	26,00	
1110206	Medicament-testing comb, aluminium	75,20	
1110207	Security wire for medicament-testing comb	26,00	
<b>ADDITIONAL ACCESSORIES:</b>			
7110216	2 Foot electrodes, silver-plated	137,90	
6110214	Gingiva electrode, silver-plated	30,70	
4110208	Ear electrode, silver-plated	26,00	
4110209	Point electrode, 3 mm, silver-plated, spring-mounted	32,30	
4110210	Ear electrode, silver-plated, spring-mounted	32,30	
4110211	Hand roll, silver-plated	67,70	
6110213	Medicament (group) scanner, silver-plated	39,90	
6110217	Wire for medicament (group) scanner	26,00	

All electrodes are alternatively available **in brass**. Please specify by entering **"(B)"** into "No. of Articles" row above.

**Conditions of payment:**

Prices are without shipping, packing and tax. To be paid within 8 days. Articles remain our property until completely paid. Standard business conditions are valid. Articles may be sold to specialists in medicine only. Briefing / instructing is mandatory according to the MPG (Medizin-Produkte-Gesetz). Status: Sept. 2010.

**Payment:** Cheque:..... Bank transfer:..x..... Cash on delivery plus C.O.D charge:.....

Account No:..... Bank code:..... Bank:.....

Swift- BIC PZHSDE 66 DE 13 66650085 0000 913219

Eberhard Bäuerle  
 Medizintechnik  
 Eckenweiherstraße 27  
  
 D-75417 Mühlacker

**Addresser / Sender / Stamp:**

Name.....  
 First Name.....  
  
 Street.....  
  
 Postal Code, City.....  
  
 Tel./Fax.....  
  
 Profession.....

Date, Signature.....