Enterra® Therapy Ordering Guide





Effective September 2024

Ordering Information

TO PLACE AN ORDER

Email:

Send an e-mail to: europeorders@enterramedical.com

Please include Customer Master Data form (found at end of document) if first time ordering.

CONTACT CUSTOMER SERVICE

Customer Service

Enterra Medical Customer Service: +49 30 4050453309 Fax: +49 30 405045329

Customer Service representatives are on duty between 9:00am and 5:00pm Central European Time. For faster service when calling, please have your account number available.

PAYMENT TERMS

Net 30 days from date of invoice. Prices are subject to change without notice. To gain more information on payment options, call Enterra Medical Customer Service +49 30 4050453309.

VENDOR MASTER SET-UP

Ensure Enterra Medical is the vendor for these products.

| Order Distribution: | ACH/ACH Delivery: (Preferred payment method) | Remit to address: |
|---|---|--|
| Enterra Medical Inc. c/o Kalms Consulting GmbH | Enterra Medical, Inc. Accounts Receivables | Enterra Medical, Inc. |
| Rheinstr.45-46 12161 Berlin Germany | PH: +1 612-404-1549 Email: accounting@enterramedical.com Enterra Medical, Inc. J.P. Morgan Chase Account Information | 5353 Wayzata Blvd, Suite 400 St. Louis Park, Minnesota 55416 USA |
| Email: europeorders@enterramedical.com | Euro (€)Account# 0076919045 IBAN: GB90CHAS60924276919045 SWIFT BIC: CHASGB2L GBP (£)Account# 0076919044 IBAN: GB20CHAS60924276919044 SWIFT BIC: CHASGB2L VAT# DE367514063 | |

SHIPPING

All standard shipment costs will be covered by Enterra Medical. Any expedited shipment costs will be invoiced to the customer. For non-EU markets importing costs and responsibilities will be discussed depending on local situation.

CREDIT AND RETURNS

Full credit will be given for unopened, undamaged, and unmarked packages returned within 90 days from date of invoice. No credit will be given for packages returned after 90 days from date of invoice or for packages that have been opened, damaged or marked. Please call Enterra Medical Customer Service for a Return Material Authorization (RMA) number prior to returning the product. Be sure the RMA# is visible on the outside of the package. Return instructions will be provided when the RMA# is assigned.

WARNING

The products described in this ordering guide are intended for use only with Enterra components. The use of other components with these products may result in damage or risk to the patient.

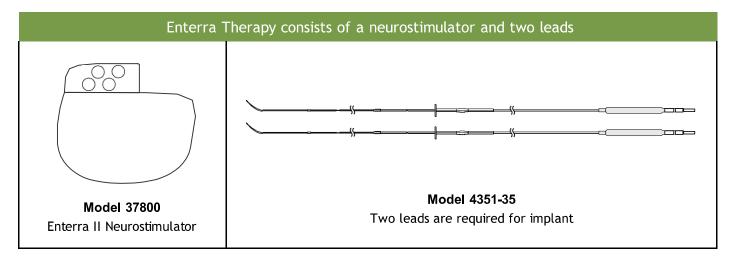
Enterra Therapy

PLEASE READ BEFORE ORDERING

When ordering, please consider all the components needed for a complete system for each patient procedure. Refer to specific model numbers in this catalogue when placing your order.

Enterra Therapy for chronic nausea and vomiting due to gastroparesis

IMPLANTABLE SYSTEM



SYSTEM COMPONENTS

Neurostimulator

| Model | Description | | |
|-------|---|-----------------------------------|--|
| 37800 | Enterra II Neurostimulator Neurostimulator for use with lead Model 4351-35. | | |
| | Sterile Content: (1) INS (1) Torque Wrench | Nonsterile Content: Literature | |

Lead

| Model | Description | | |
|---------|---|--|----------|
| 4351-35 | Lead Kit Sterile Content: (1) Unipolar Intramuscular Lead Fixed 10 mm Electrode (4) Fixation Disks (1) Tunneling Rod (2) Lead End Caps | | Content: |
| | (2) Lead Elid Caps | | |

Customer Master Data

Email orders: <u>europeorders@enterramedical.com</u>

| Company Details | | | | |
|--------------------------------|-------------|--|--|--|
| Customer Company/Hospital Name | | | | |
| Street Address | | | | |
| City and Postal Code | | | | |
| Department | | | | |
| General Phone Number | | | | |
| Name of Contact Person | | | | |
| Contact Phone Number | | | | |
| Contact Email Address | | | | |
| Notes | | | | |
| Delivery Address | | | | |
| Customer Company/Hospital Name | | | | |
| Street Address | | | | |
| City and Postal Code | | | | |
| Additional Information | | | | |
| Department | | | | |
| Contact Person Name | | | | |
| Contact Phone Number | | | | |
| Contact Email Address | | | | |
| Invoice Address | | | | |
| Customer Company/Hospital Name | | | | |
| Street Address | | | | |
| City and Postal Code | | | | |
| Department | | | | |
| Contact Person | | | | |
| Invoice transmission | □ Post/mail | | | |
| | □ Email | | | |
| | | | | |
| Financial Information | | | | |
| Currency | □ Euro | | | |
| - | \Box GBP | | | |
| Payment Terms | 30 Days | | | |
| VAT Number | | | | |

www.enterramedical.com

Enterra* is a registered trademark of Enterra Medical, Inc. in the US, EU, and other regions.
©2023 Enterra Medical, Inc. All rights reserved.
EXT-00091, Rev E

