## Planet Medical Ceiling Light Suspension Form

Please take the time to accurately complete this form. Be sure to contact us if you have any questions.

## SECTION 1: CUSTOMER DETAILS

Practice Name:					
Project Name:					
Contact Name:			Contact Phone:		
SECTION 2: SELE	CT YOUR LIGHT	ULED	ULED Plus	Phantom	🗌 Risma Range
SECTION 3: CEILI	NG TYPE AND DIM	ENSIONS:			
DIRECT CEILI	NG MOUNT	OR	FALSE CEIL	ING MOUNT	
☐ My ceiling is struct	ural	1	□ I have a false ceili structural mounti	ing (which is NOT a ng surface)	a
	structural ceiling			· · · · · · · · · · · · · · · · · · ·	uctural ceiling
				H3 void	se ceiling
H1     	standard minimum ~ 2000mm		H1 H2		dard minimum 00mm
	floor	-	↓ ↓		floor
H1: mm		H1	: mm H2:	mm H3	

## Important:

- ULED & ULED Plus: ceiling mount to suit a standard floor to a structural ceiling fixing point up to 3700mm
- Phantom & Rimsa: ceiling mount to suit a standard floor to a structural ceiling fixing point up to 3300mm
- All fixings are the responsibility of the installer: based on weight of fitting and type of mounting substrate
- If recommended height is exceeded, structural options are available from Planet Lighting upon request

Information provided on this form is true and correct, I understand that unless the products on this form are faulty or damaged they can not be returned to Team Medical Supplies/BP Medical/Capital Medical Supplies/Alpha Medical Supplies.

Signature of Authorised Person:	Position:	
Name of Authorised Person:	Date:	

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