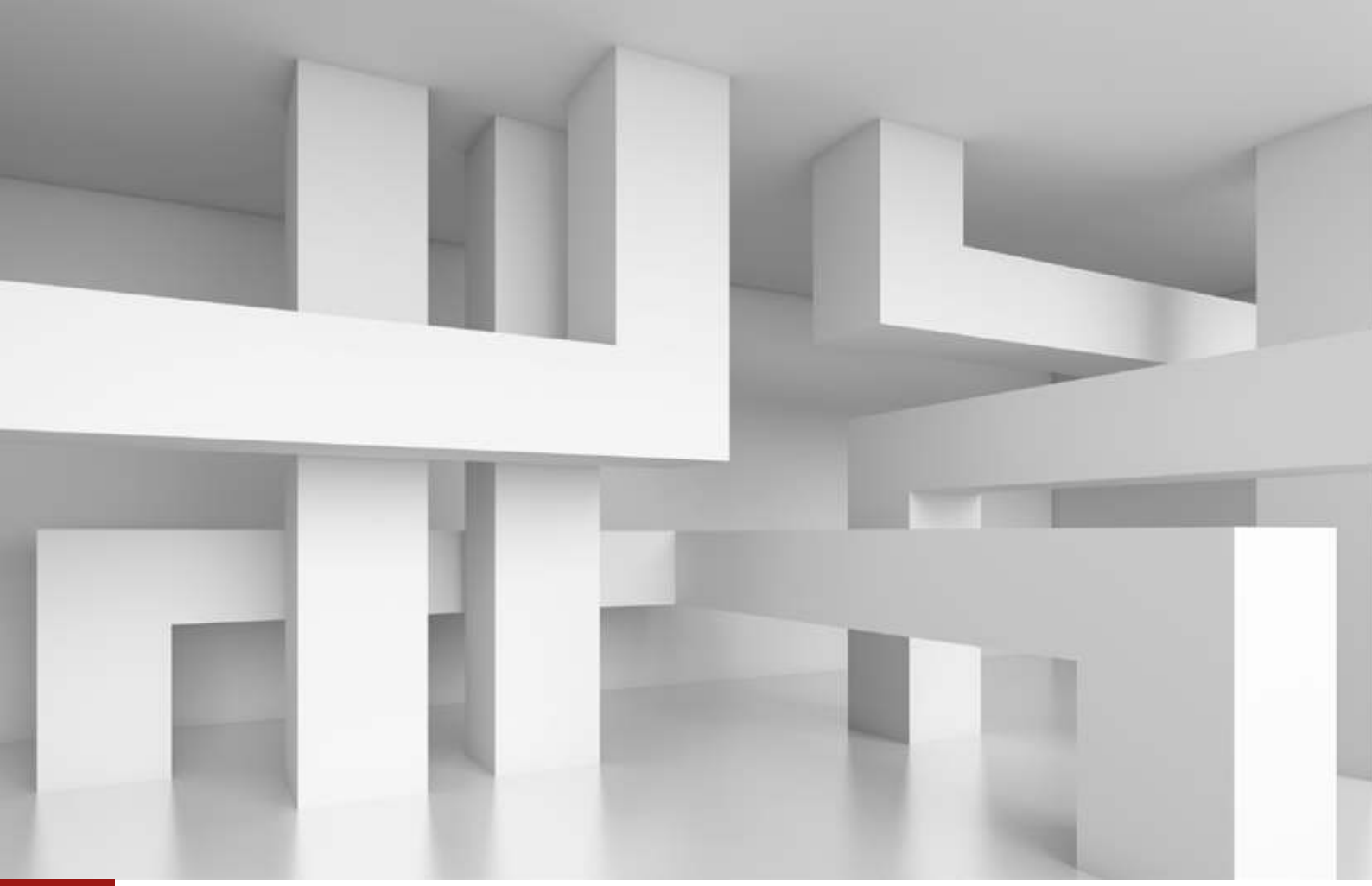


AUFMASSBLÄTTER
DUSCHKABINE

megius

Rev. 02 - Gen. 2019

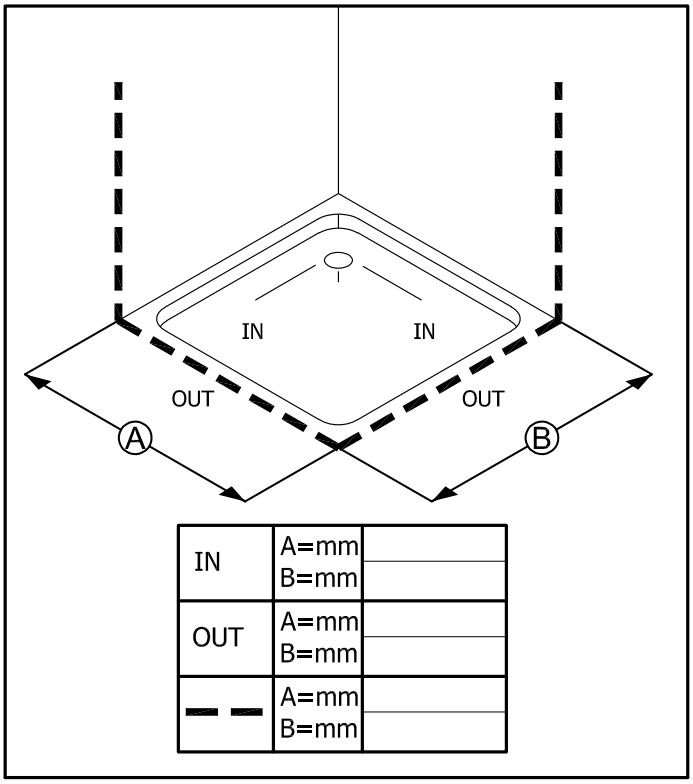
SPEZIALMAßE-MODUL

megius®

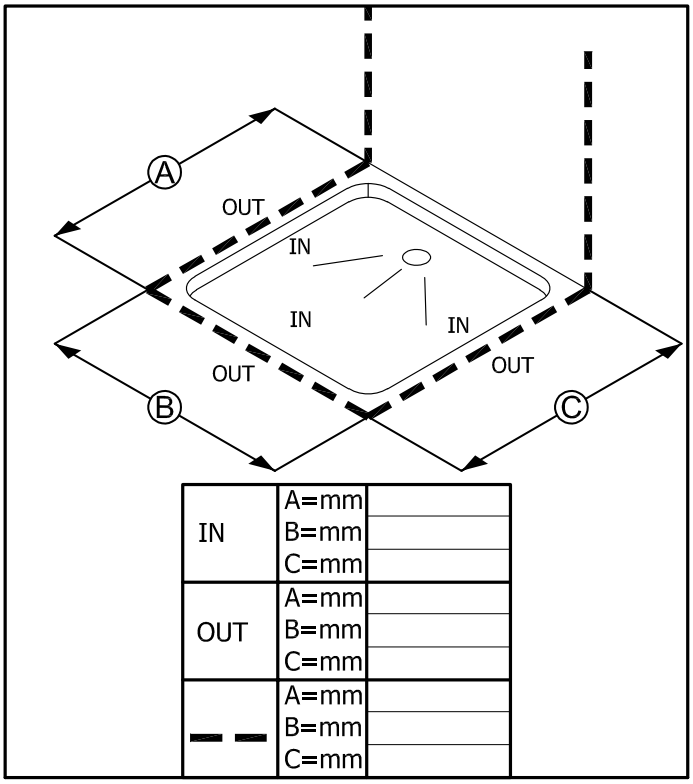
Datum_____
Kunde_____
Messung durch Herrn/Frau_____
Klient_____

☐ Angebot

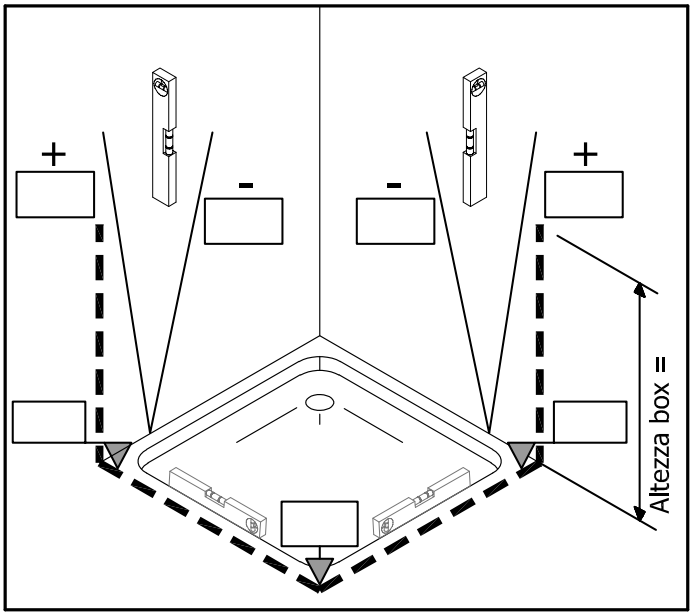
☐ Bestellung

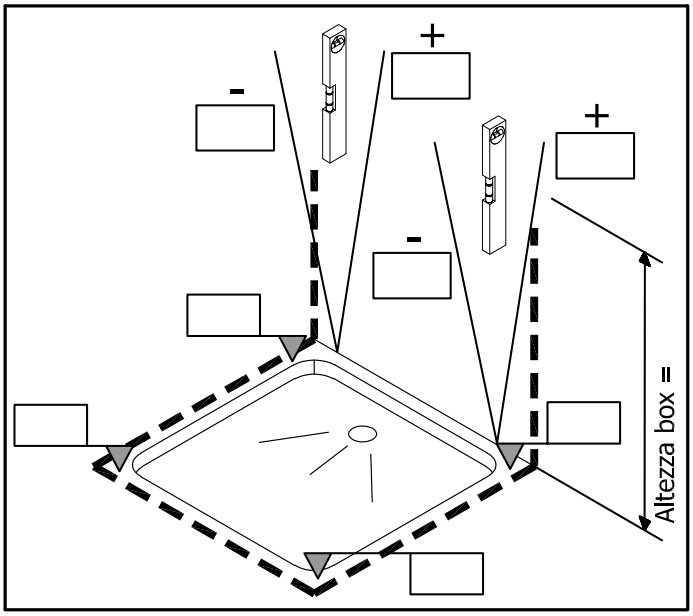


IN	A=mm B=mm	
OUT	A=mm B=mm	
– –	A=mm B=mm	



IN	A=mm B=mm C=mm	
OUT	A=mm B=mm C=mm	
– –	A=mm B=mm C=mm	





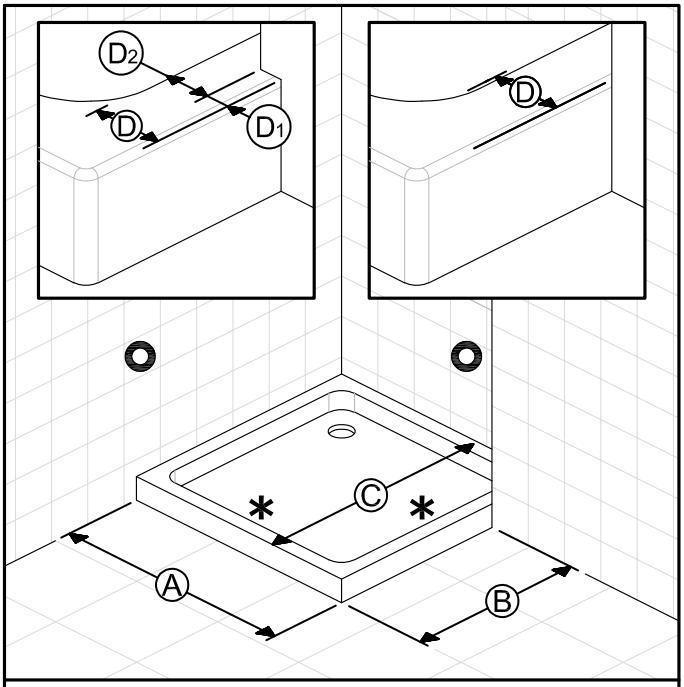
Modellbeschreibung_____
Glasoberfläche_____
Profiloberfläche_____
Gesamthöhe des Kastens_____
Duschwannenhöhe_____
Bodenmontage ☐ Ja ☐ Nein Schutz (Kalkschutz) ☐ Ja ☐ Nein
Unterschrift_____

DIMENSIONES ESPECIALES

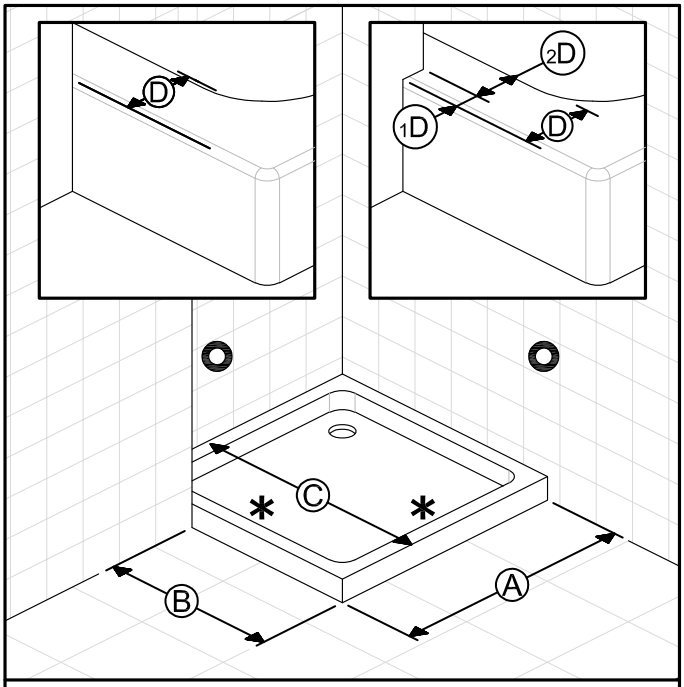
Fecha_____
Cliente_____
Medición por el Sr./Sra._____
Cliente_____

☐ Angebot

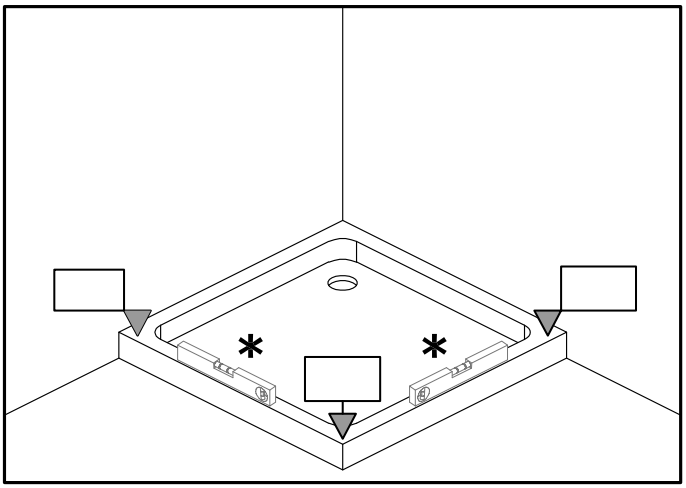
☐ Bestellung

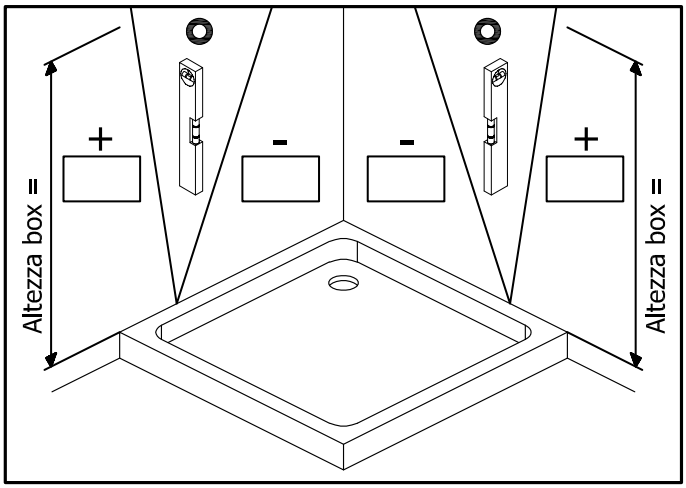


A.....
B.....
C.....
D.....D1.....D2.....



A.....
B.....
C.....
D.....D1.....D2.....





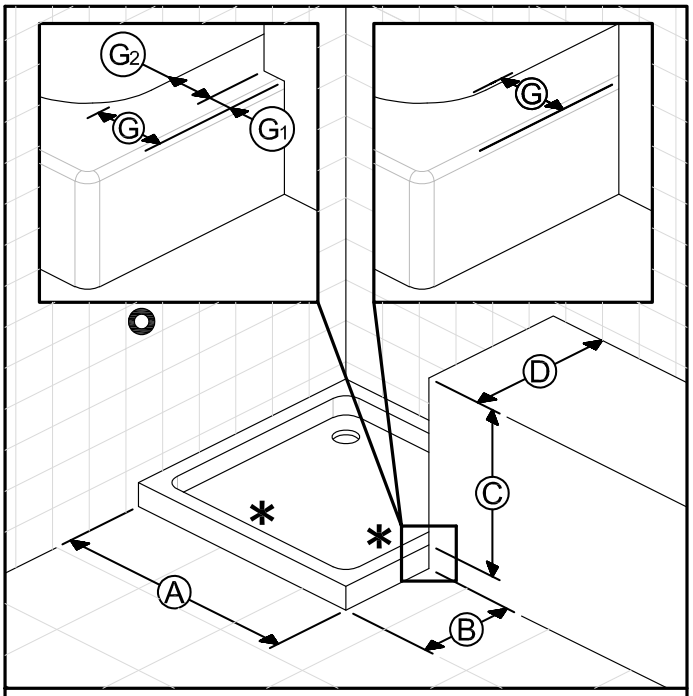
Modellbeschreibung_____
Glasoberfläche_____
Profiloberfläche_____
Gesamthöhe des Kastens_____
Duschwannenhöhe_____
Bodenmontage ☐ Ja ☐ Nein Schutz (Kalkschutz) ☐ Ja ☐ Nein
Unterschrift_____

DIMENSIONES ESPECIALES

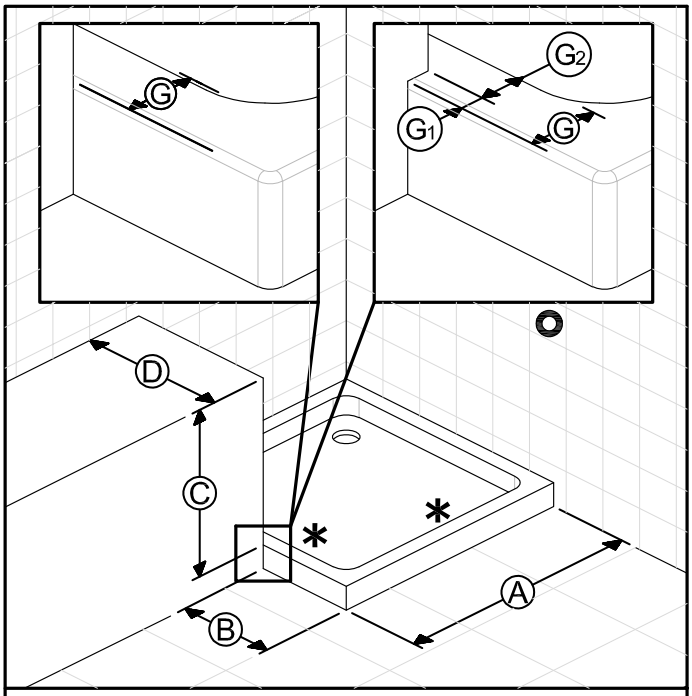
Fecha_____
Cliente_____
Medición por el Sr./Sra._____
Cliente_____

☐ Angebot

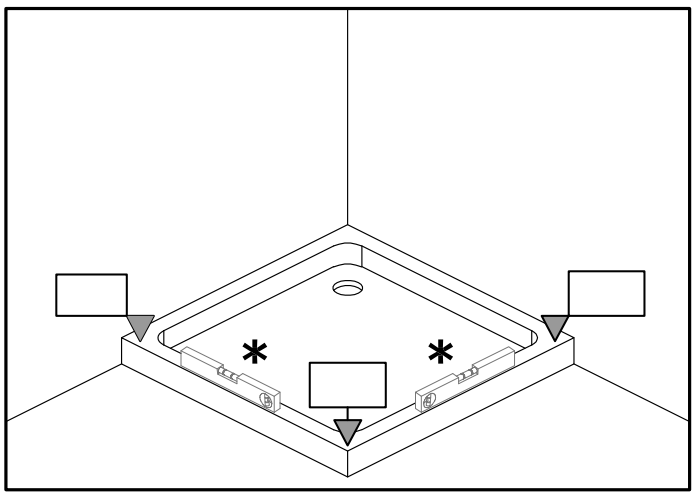
☐ Bestellung

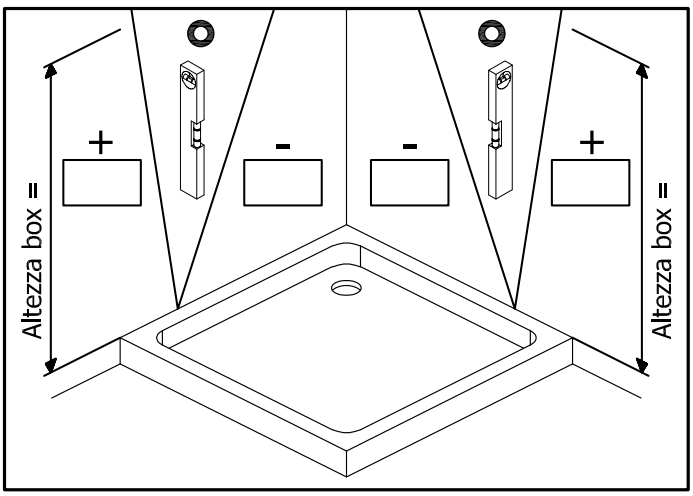


A.....
B.....
C.....
D.....
G.....G1.....G2.....



A.....
B.....
C.....
D.....
G.....G1.....G2.....





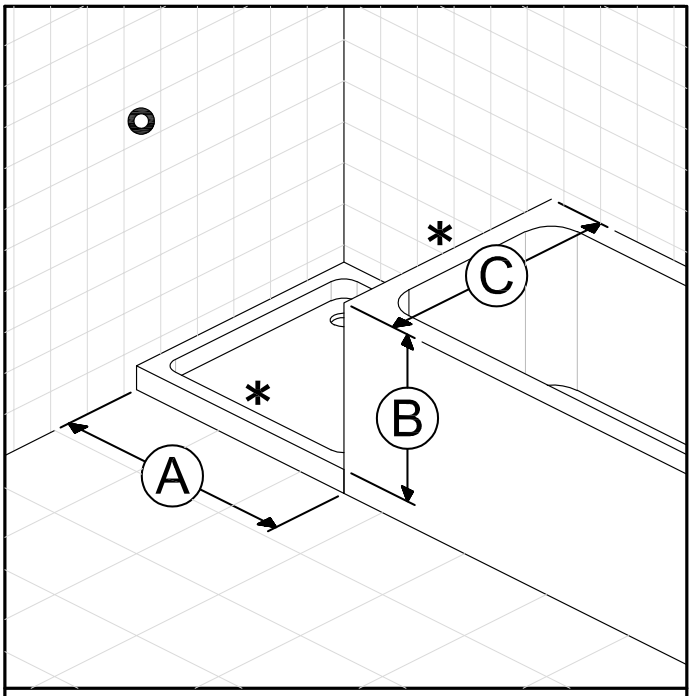
Modellbeschreibung_____
Glasoberfläche_____
Profiloberfläche_____
Gesamthöhe des Kastens_____
Duschwannenhöhe_____
Bodenmontage ☐ Ja ☐ Nein Schutz (Kalkschutz) ☐ Ja ☐ Nein
Unterschrift_____

DIMENSIONES ESPECIALES

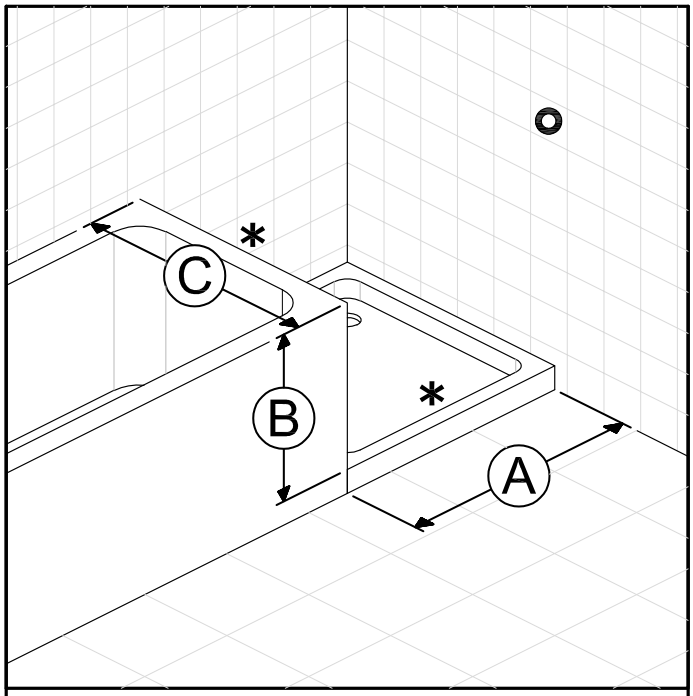
Fecha_____
Cliente_____
Medición por el Sr./Sra._____
Cliente_____

☐ Angebot

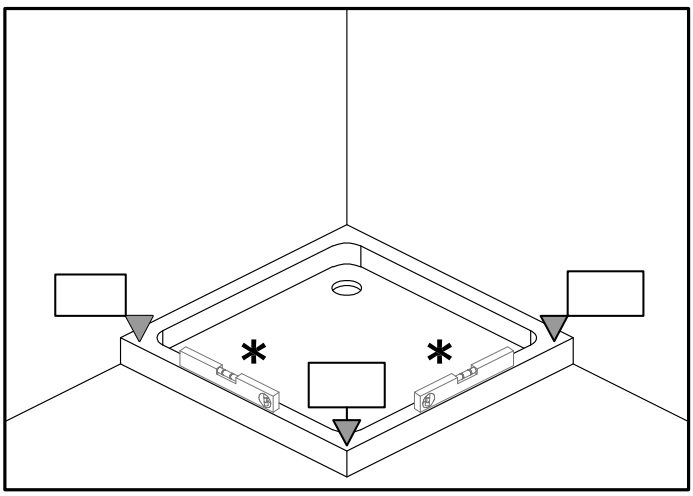
☐ Bestellung

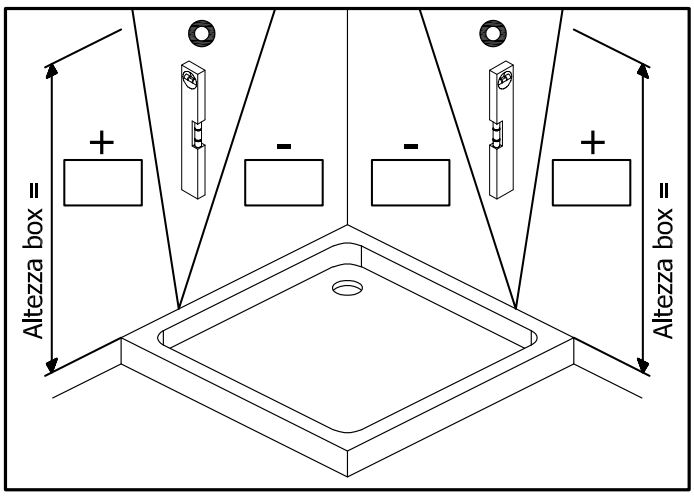


A.....
B.....
C.....



A.....
B.....
C.....





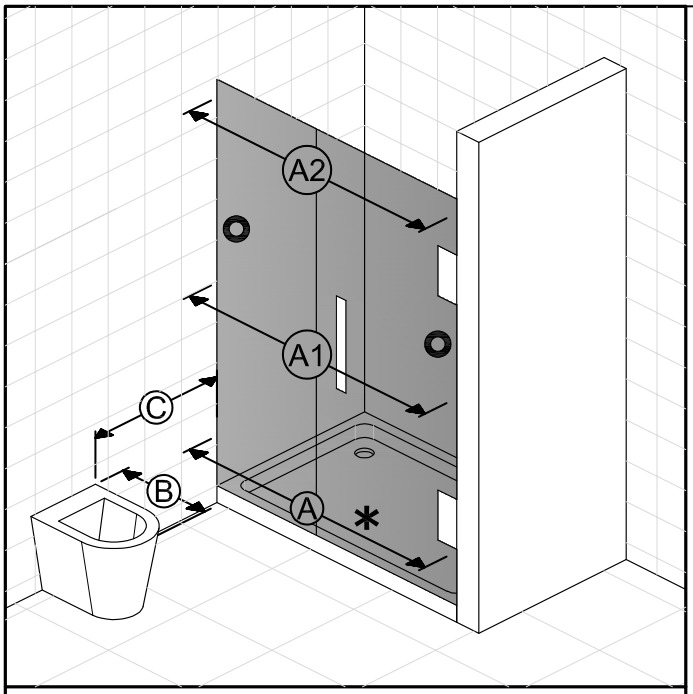
Modellbeschreibung_____
Glasoberfläche_____
Profiloberfläche_____
Gesamthöhe des Kastens_____
Duschwannenhöhe_____
Bodenmontage ☐ Ja ☐ Nein Schutz (Kalkschutz) ☐ Ja ☐ Nein
Unterschrift_____

DIMENSIONES ESPECIALES

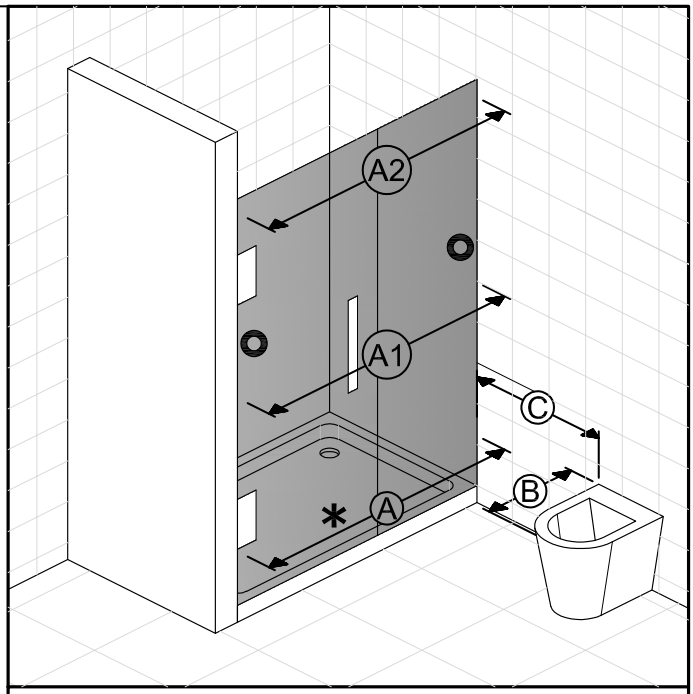
Fecha_____
Cliente_____
Medición por el Sr./Sra._____
Cliente_____

☐ Angebot

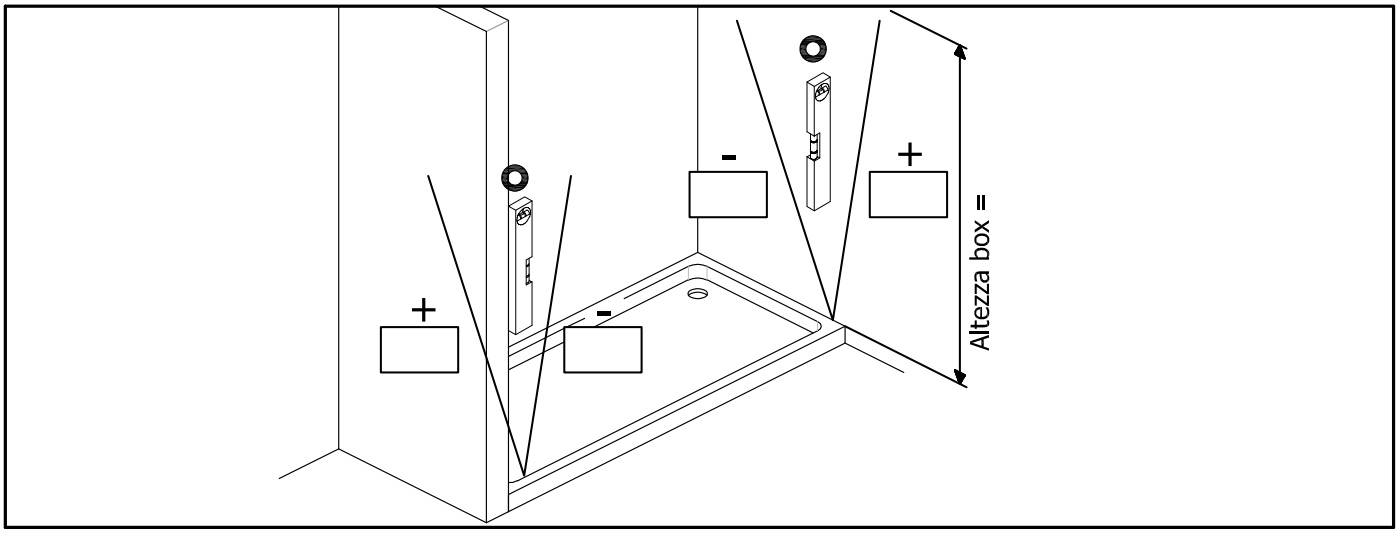
☐ Bestellung



A.....A1.....A2.....
B.....
C.....



A.....A1.....A2.....
B.....
C.....



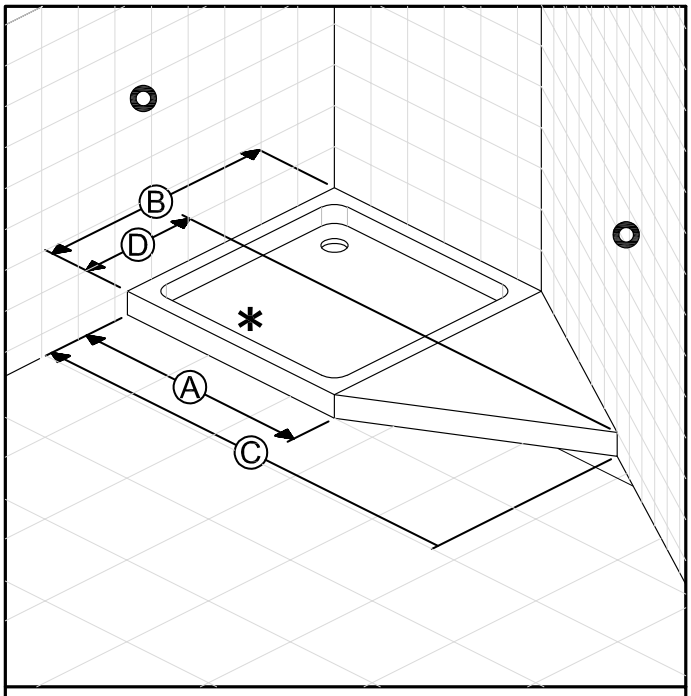
Modellbeschreibung_____
Glasoberfläche_____
Profiloberfläche_____
Gesamthöhe des Kastens_____
Duschwannenhöhe_____
Bodenmontage ☐ Ja ☐ Nein Schutz (Kalkschutz) ☐ Ja ☐ Nein
Unterschrift_____

DIMENSIONES ESPECIALES

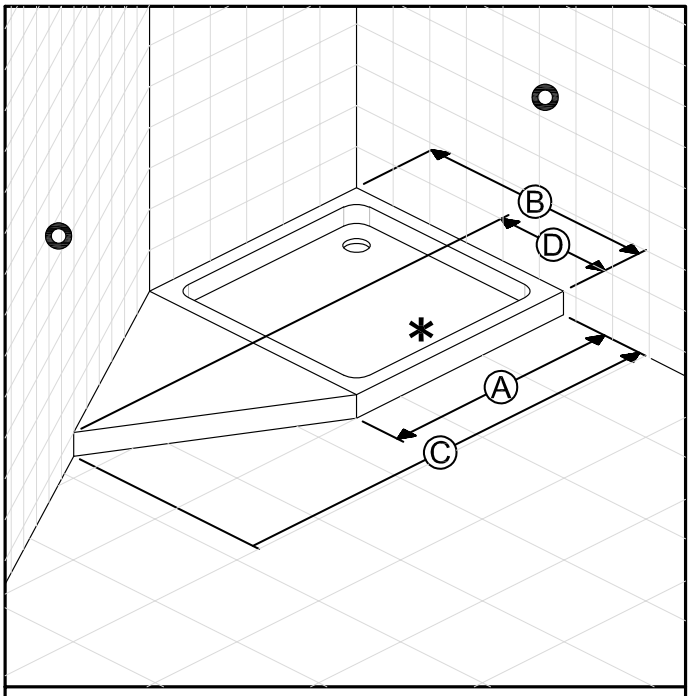
Fecha_____
Cliente_____
Medición por el Sr./Sra._____
Cliente_____

☐ Angebot

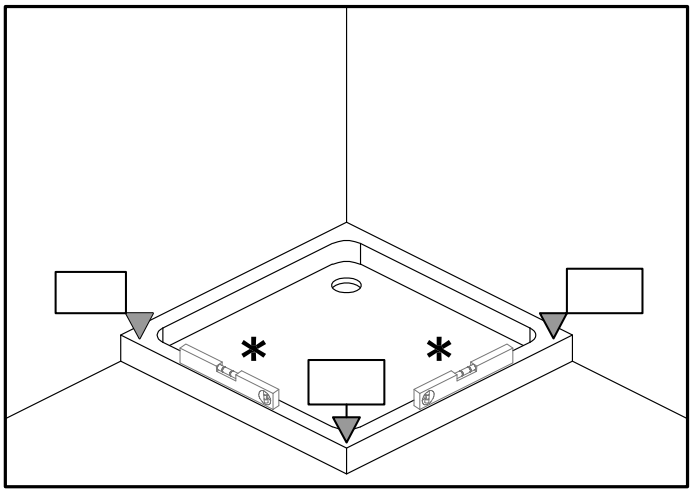
☐ Bestellung

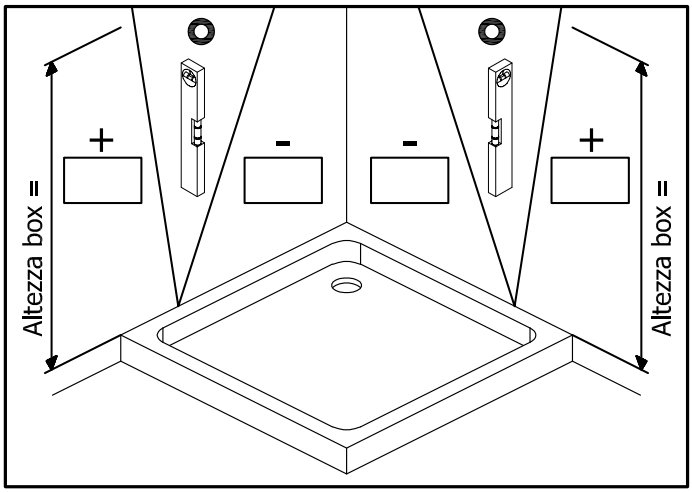


A.....
B.....
C.....
D.....



A.....
B.....
C.....
D.....





Modellbeschreibung_____
Glasoberfläche_____
Profiloberfläche_____
Gesamthöhe des Kastens_____
Duschwannenhöhe_____
Bodenmontage ☐ Ja ☐ Nein Schutz (Kalkschutz) ☐ Ja ☐ Nein
Unterschrift_____

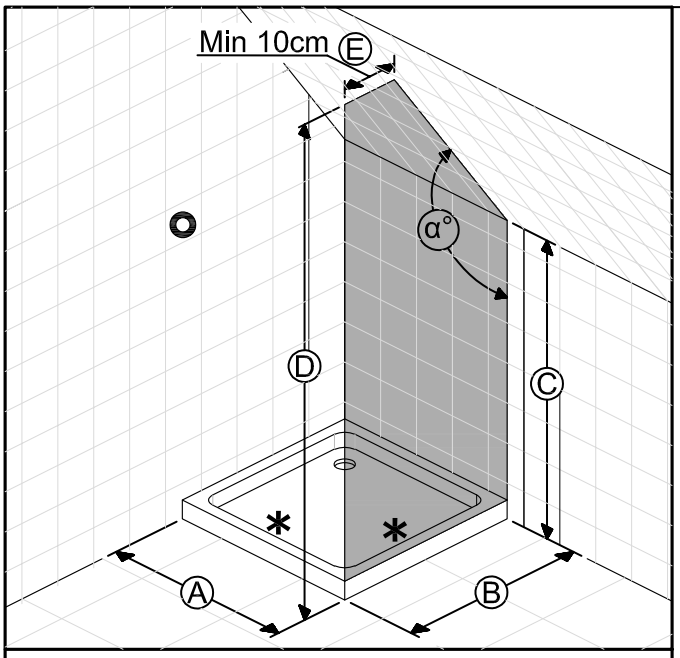
DIMENSIONES ESPECIALES

megius®

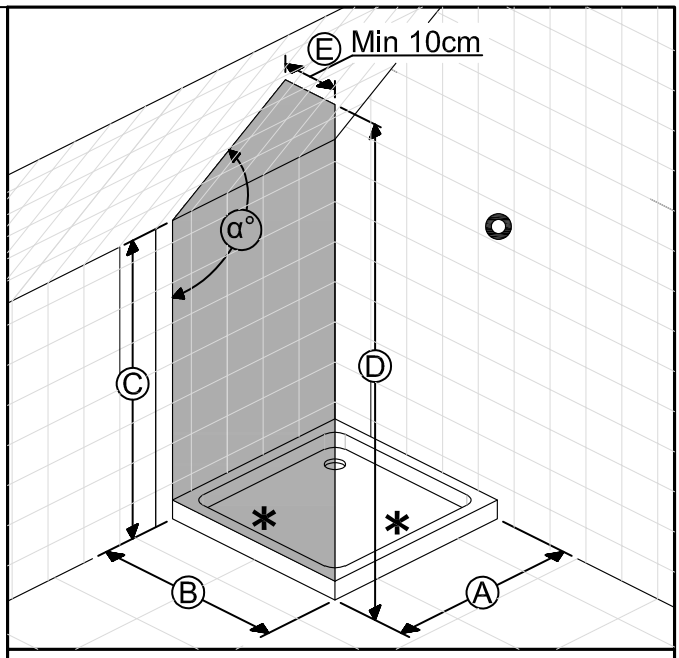
Fecha_____
Cliente_____
Medición por el Sr./Sra._____
Cliente_____

☐ Angebot

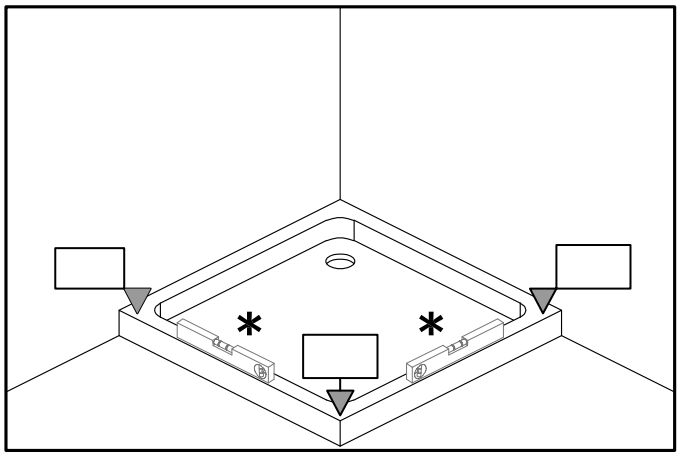
☐ Bestellung

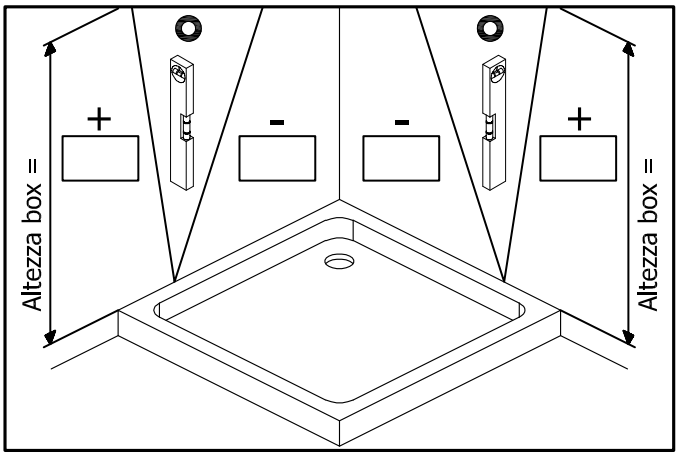


A.....
B.....
C.....
D.....
E.....
α°.....



A.....
B.....
C.....
D.....
E.....
α°.....





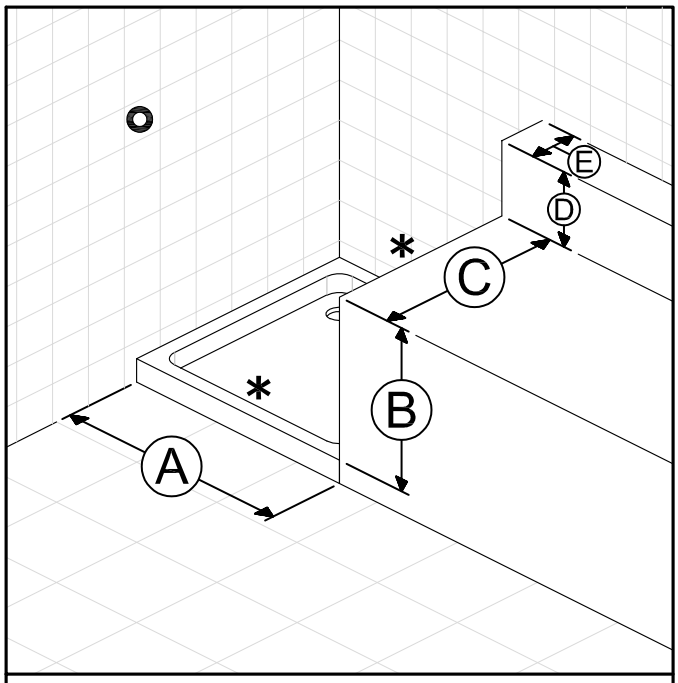
Modellbeschreibung_____
Glasoberfläche_____
Profiloberfläche_____
Gesamthöhe des Kastens_____
Duschwannenhöhe_____
Bodenmontage ☐ Ja ☐ Nein Schutz (Kalkschutz) ☐ Ja ☐ Nein
Unterschrift_____

DIMENSIONES ESPECIALES

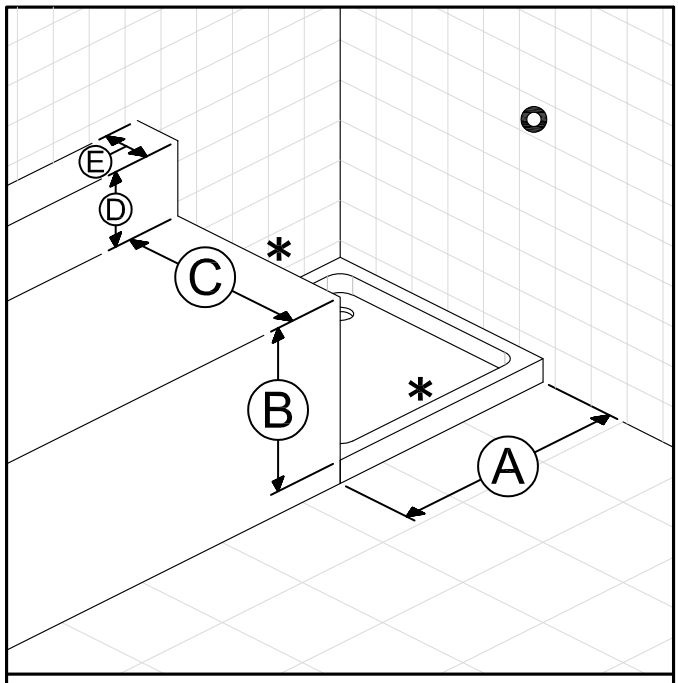
Fecha_____
Cliente_____
Medición por el Sr./Sra._____
Cliente_____

☐ Angebot

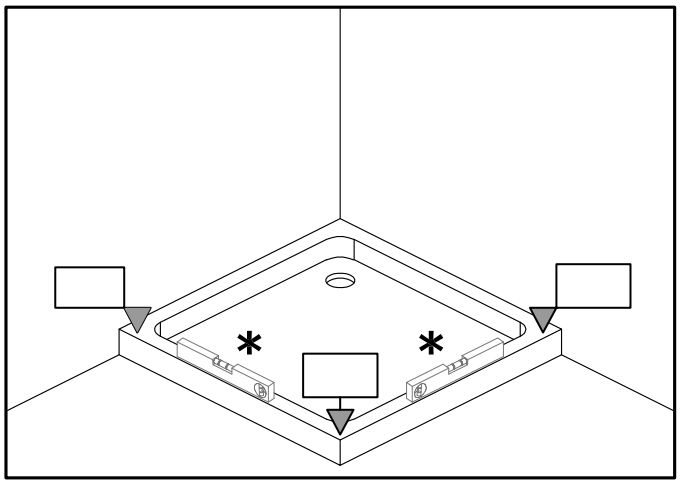
☐ Bestellung

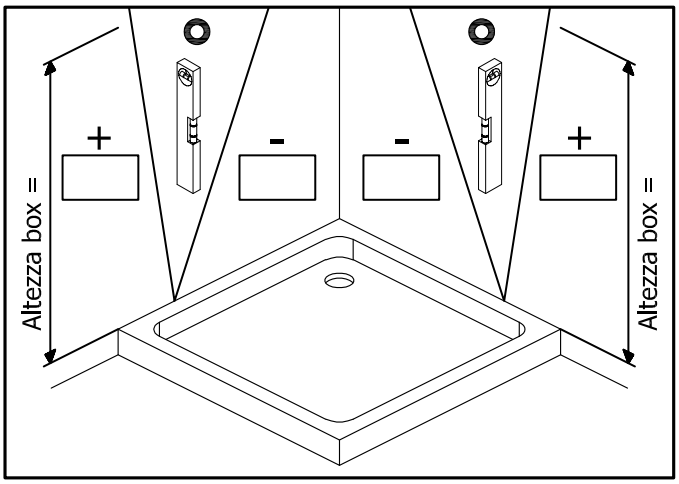


A.....
B.....
C.....
D.....
E.....



A.....
B.....
C.....
D.....
E.....





Modellbeschreibung_____
Glasoberfläche_____
Profiloberfläche_____
Gesamthöhe des Kastens_____
Duschwannenhöhe_____
Bodenmontage ☐ Ja ☐ Nein Schutz (Kalkschutz) ☐ Ja ☐ Nein
Unterschrift_____

DIMENSIONES ESPECIALES

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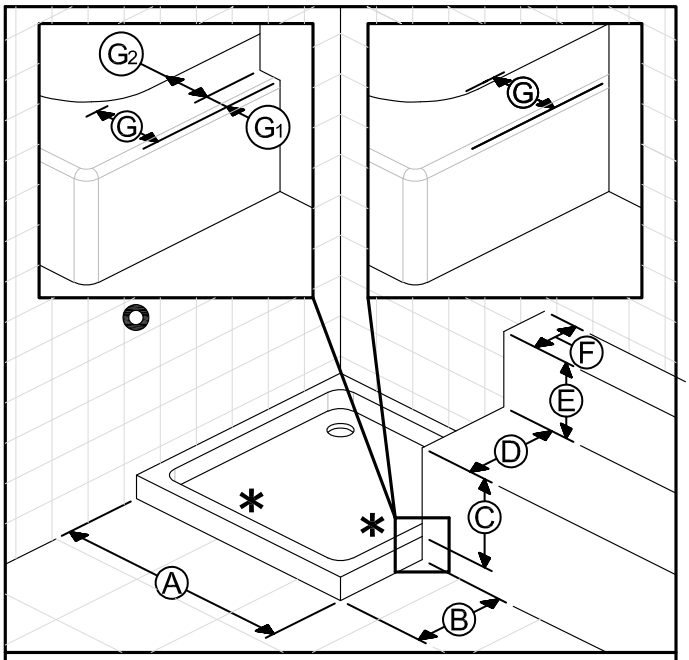
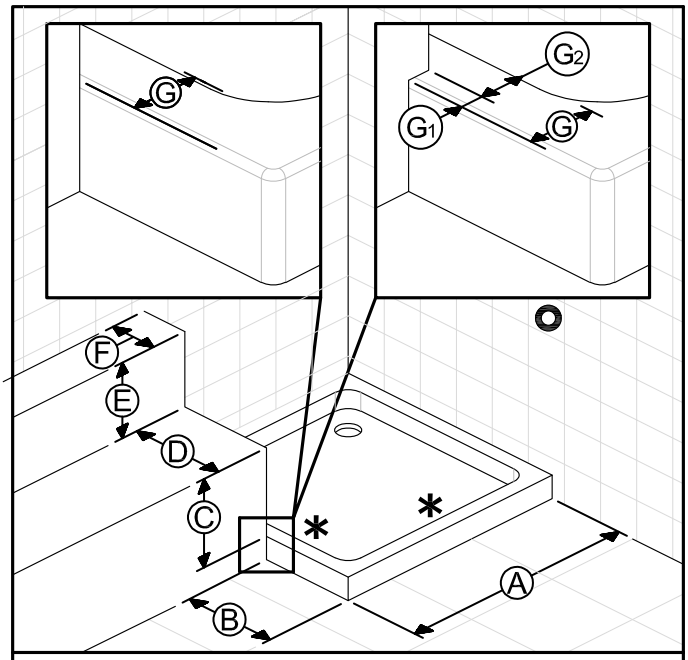
Cliente_____
Medición por el Sr./Sra._____
Cliente_____

☐ Angebot

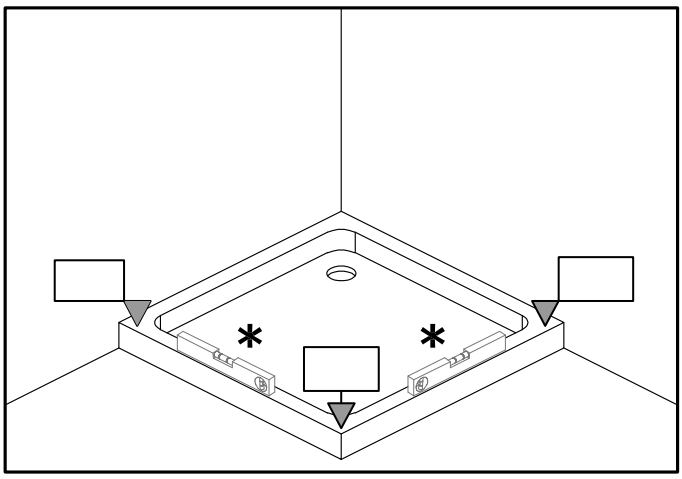
☐ Bestellung

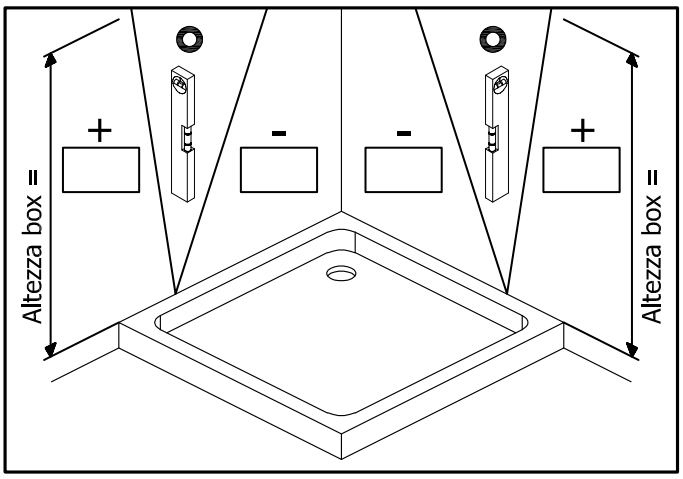


A.....
B.....
C.....
D.....
E.....
F.....
G.....G1.....G2.....



A.....
B.....
C.....
D.....
E.....
F.....
G.....G1.....G2.....





Modellbeschreibung_____
Glasoberfläche_____
Profiloberfläche_____
Gesamthöhe des Kastens_____
Duschwannenhöhe_____
Bodenmontage ☐ Ja ☐ Nein Schutz (Kalkschutz) ☐ Ja ☐ Nein
Unterschrift_____

DIMENSIONES ESPECIALES

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Medición por el Sr./Sra._____
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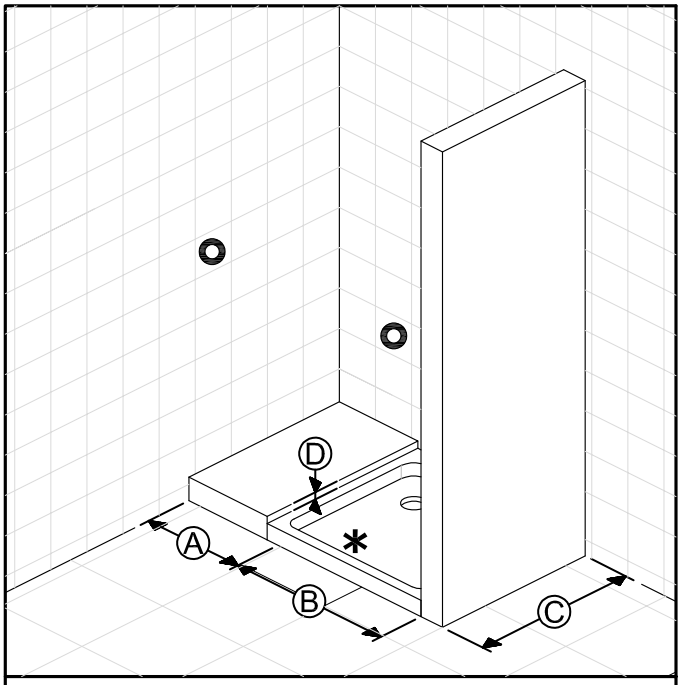
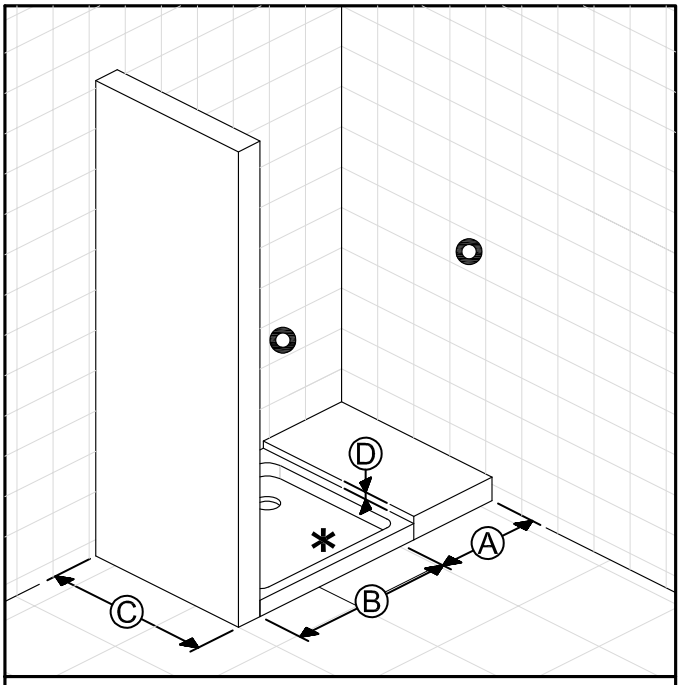
☐ Angebot

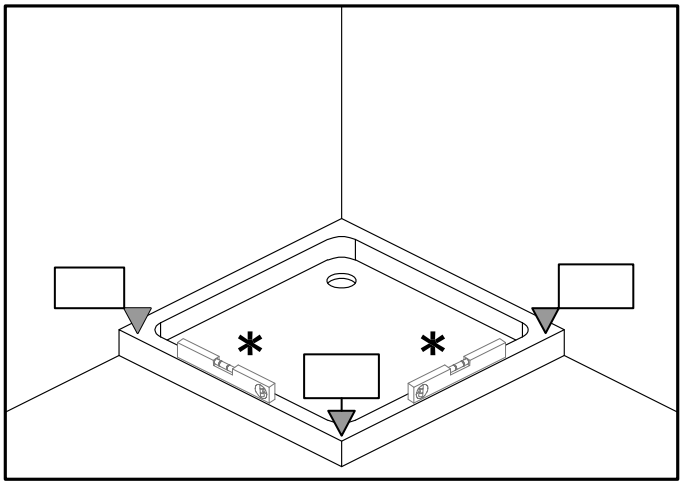
☐ Bestellung

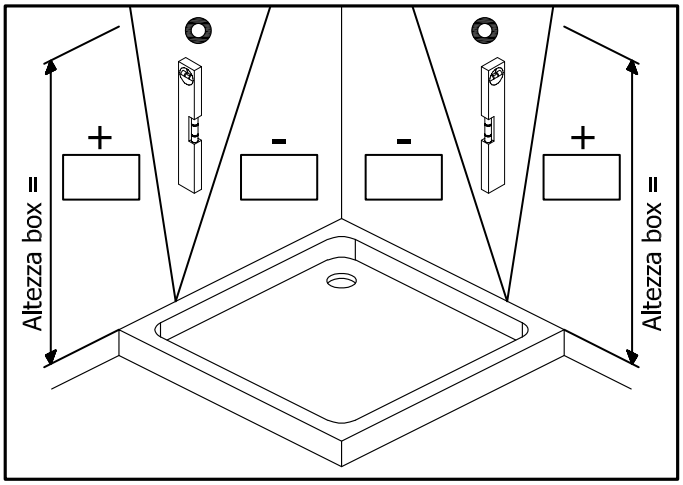


A.....
B.....
C.....
D.....



A.....
B.....
C.....
D.....





Modellbeschreibung_____
Glasoberfläche_____
Profiloberfläche_____
Gesamthöhe des Kastens_____
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Unterschrift_____

DIMENSIONES ESPECIALES

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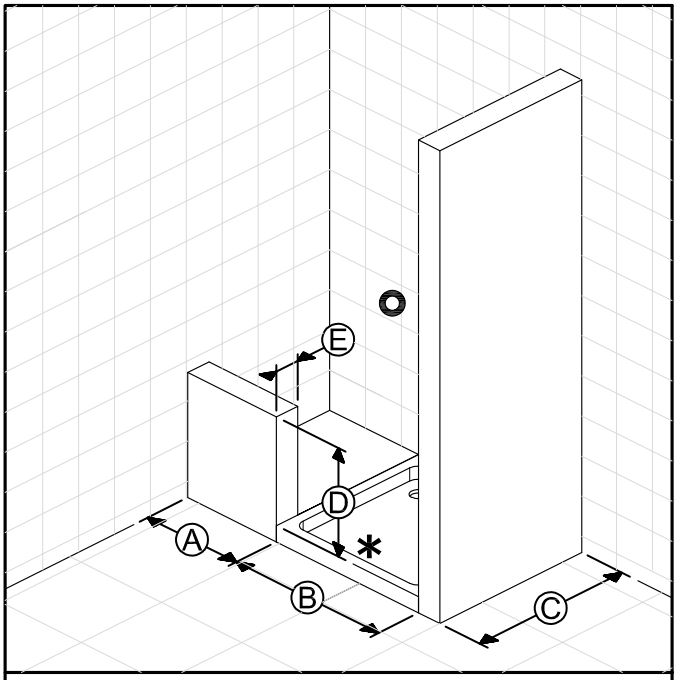
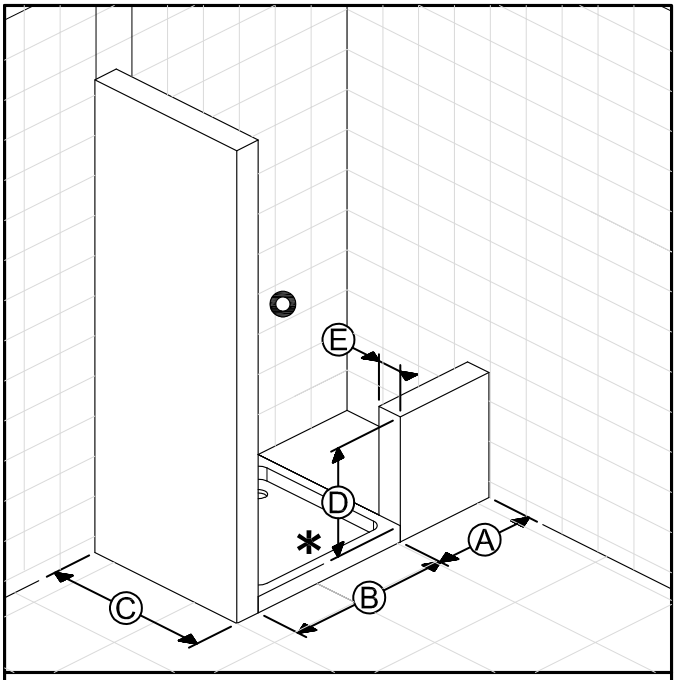
Cliente_____
Medición por el Sr./Sra._____
Cliente_____

☐ Angebot

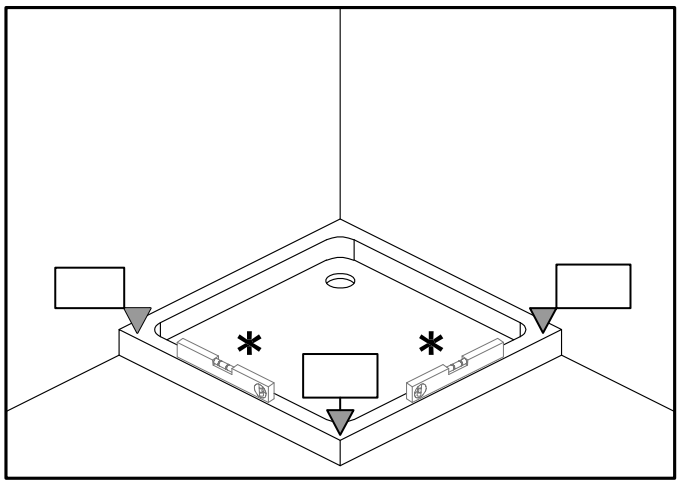
☐ Bestellung

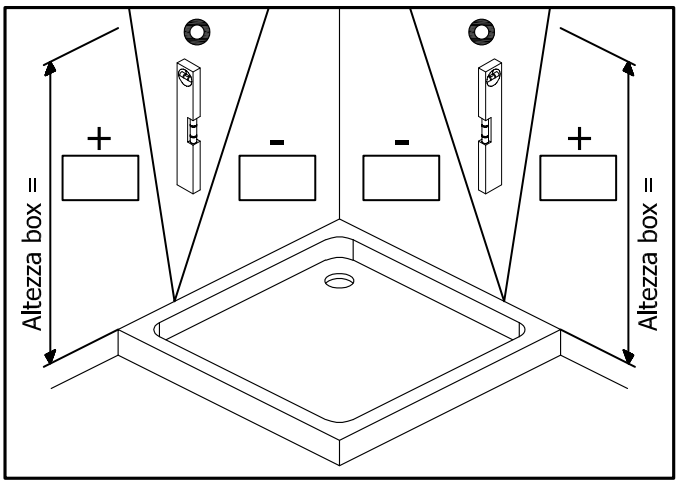


A.....
B.....
C.....
D.....
E.....



A.....
B.....
C.....
D.....
E.....





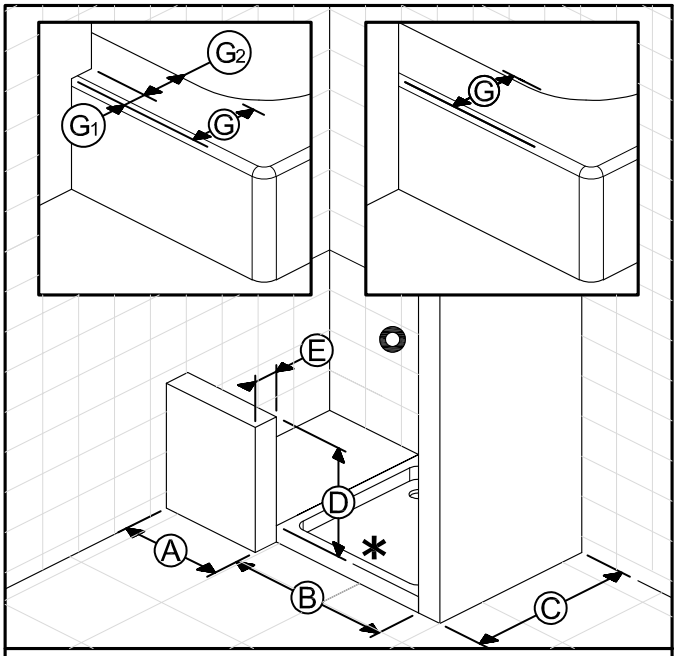
Modellbeschreibung_____
Glasoberfläche_____
Profiloberfläche_____
Gesamthöhe des Kastens_____
Duschwannenhöhe_____
Bodenmontage ☐ Ja ☐ Nein Schutz (Kalkschutz) ☐ Ja ☐ Nein
Unterschrift_____

DIMENSIONES ESPECIALES

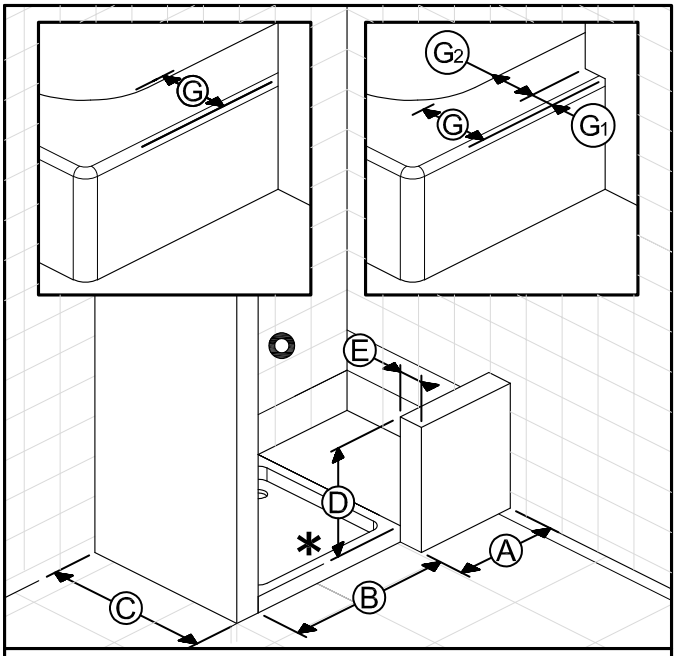
Fecha_____
Cliente_____
Medición por el Sr./Sra._____
Cliente_____

☐ Angebot

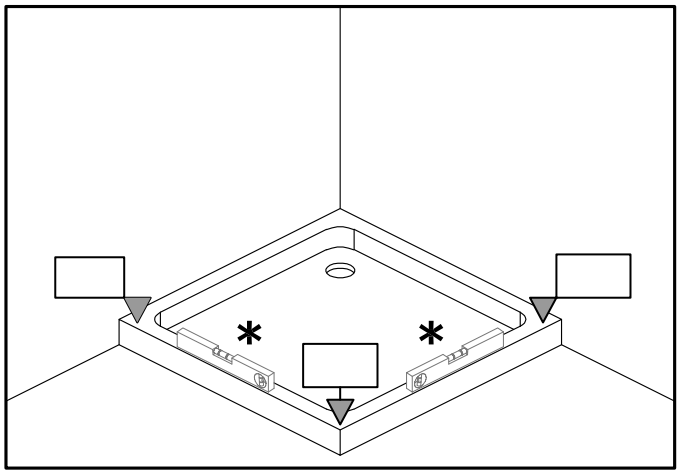
☐ Bestellung

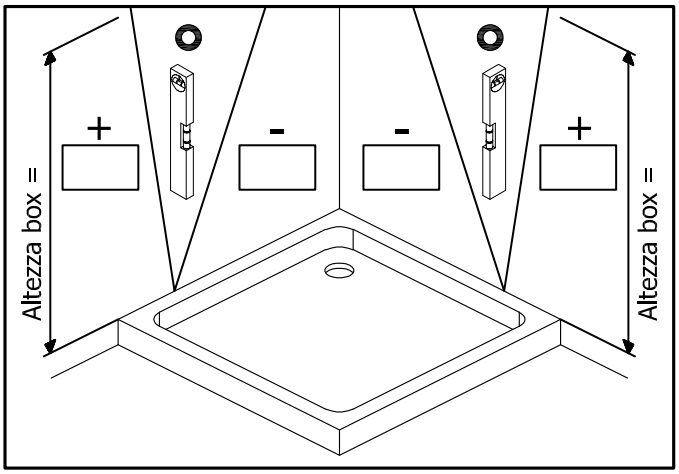


A.....
B.....
C.....
D.....
E.....
G.....G1.....G2.....



A.....
B.....
C.....
D.....
E.....
G.....G1.....G2.....





Modellbeschreibung_____
Glasoberfläche_____
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Bodenmontage ☐ Ja ☐ Nein Schutz (Kalkschutz) ☐ Ja ☐ Nein
Unterschrift_____

NOTE

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