

OSVALDO PATRIZZI

HOROLOGICAL CONSULTANT



WRISTWATCH EVALUATION FORM

NAME

EMAIL

CELL PHONE

TIMEPIECE DETAILED DESCRIPTION *(please complete as much as possible)*

MAKE OF THE WATCH:

MODEL OF THE WATCH:

LADIES/GENTS:

REFERENCE NUMBER:

CASE MATERIAL & CASE NUMBER:

MOVEMENT NUMBER:

FUNCTIONS (please describe):

DIAL (color, please describe):

DIMENSIONS:

CONDITIONS:

	MINT	EXCE	GOOD	FAIR	POOR		MINT	EXCE	GOOD	FAIR	POOR
CASE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GENERAL CONDITIONS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DIAL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
MOVEMENT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						

ACCESSORIES YOU HAVE:

BRACELET/STRAP MATERIAL AND TYPE:

BUCKLE:

BOX ONLY IF ORIGINAL

ADDITIONAL ACCESSORIES:

PROVENANCE:

DOCUMENTS (description):

ADDITIONAL MARKS:

Mail this form to: opatrizzi@gmail.com - Please remember to include good photos, showing as much detail as possible.

NOTES: