Sensor(s) Returned From:	Serial No.	Sensor(s) Returned From:	Serial No.
Name: *Position:	Seri	*Name: *Position:	Seri
*Department:		*Department:	
*Hospital:	Sensor Model/Part No.	*Hospital:	Sensor Model/Part No
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Email:	£	Email:	£
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I hereby authorize that the enclosed		I hereby authorize that the enclosed	
oxygen sensor(s) be disposed of on	sensor	oxygen sensor(s) be disposed of on	sensor
my behalf.		my behalf.	
Signature	Equipment	Signature	Equipment
Signature	ud _{ir}	Signature	udir
* Required for ISO standards	Equ	* Required for ISO standards	Equ
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Sensor(s) Returned From:	No.	Sensor(s) Returned From:	Sor No.
Sensor(s) Returned From: *Name:	Sensor arial No.		sensor rial No.
	Serial No.	Sensor(s) Returned From: *Name: *Position:	Serial No.
*Name: *Position: *Department:		*Name: *Position: *Department:	
*Name: *Position: *Department: *Hospital:		*Name: *Position: *Department: *Hospital:	
*Name: *Position: *Department: *Hospital: *Address:		*Name: *Position: *Department:	
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*Name: *Position: *Department: *Hospital: *Address: *Tel No. Fax No.	Sensor Model/Part No.	*Name: *Position: *Department: *Hospital: *Address: *Tel No. Fax No.	Sensor Model/Part No.
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*Name: *Position: *Department: *Hospital: *Address: *Tel No. Fax No.	with Sensor Model/Part No.	*Name: *Position: *Department: *Hospital: *Address: *Tel No. Fax No.	with Sensor Model/Part No.
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*Name: *Position: *Department: *Hospital: *Address: *Tel No. Fax No. Email: Mobile: I hereby authorize that the enclosed oxygen sensor(s) be disposed of on	sensor used with Sensor Model/Part No.	*Name: *Position: *Department: *Hospital: *Address: *Tel No. Fax No. Email: Mobile: I hereby authorize that the enclosed oxygen sensor(s) be disposed of on	sensor used with Model/Part No.
*Name: *Position: *Department: *Hospital: *Address: *Tel No. Fax No. Email: Mobile: I hereby authorize that the enclosed oxygen sensor(s) be disposed of on my behalf.	sensor used with Sensor Model/Part No.	*Name: *Position: *Department: *Hospital: *Address: *Tel No. Fax No. Email: Mobile: I hereby authorize that the enclosed oxygen sensor(s) be disposed of on my behalf.	sensor used with Model/Part No.
*Name: *Position: *Department: *Hospital: *Address: *Tel No. Fax No. Email: Mobile: I hereby authorize that the enclosed oxygen sensor(s) be disposed of on my behalf.	used with Sensor Model/Part No.	*Name: *Position: *Department: *Hospital: *Address: *Tel No. Fax No. Email: Mobile: I hereby authorize that the enclosed oxygen sensor(s) be disposed of on my behalf.	Sensor Model/Part No.