

We value your feedback; to help us to improve our range and service to you, and to assist in meeting our ISO standards, please could you complete this form.

Sensor Model/Part No.	Equipment manufacturer/model used with

*Name: _____ *Hospital: _____
*Position: _____ *Department: _____
*Address: _____

*Tel No: _____ Email: _____

I hereby authorize that the enclosed oxygen sensor(s) be disposed of on my behalf. Signature: _____

*Required for ISO standards

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