*Name: *Hospital:	*Name: *Hospital:
*Position: *Department:	*Position: *Department:
*Address:	
*Tel No: Email:	Tel No: Email:
hereby authorize that the enclosed oxygen sensor(s) be disposed oxygen sensor(s)	*Tel No: Email: of on I hereby authorize that the enclosed oxygen sensor(s) be disposed of on
my behalf. Signature:	my behalf. Signature:
*Required for ISO standards	*Required for ISO standards
We value your feedback; to help us to improve our range and service to you to assist in meeting our ISO standards, please could you complete this form	to assist in meeting our ISO standards, please could you complete this form.
Sensor Model/Part No. Equipment manufacturer/model used with	Sensor Model/Part No. Equipment manufacturer/model used with
*Name: *Hospital: *Position: *Department:	*Name: *Hospital: *Position: *Department:
*Position: *Department:	*Position: *Department:
*Address:	
*Tel No: Email:	*Tel No: Email:
hereby authorize that the enclosed oxygen sensor(s) be disposed of	
my behalf. Signature:	my behalf. Signature:  *Required for ISO standards
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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

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