*Name: *Position: *Department: *Hospital: *Address:	Serial No.Sensor	Sensor(s) Returned From:  *Name:  *Position:  *Department:  *Hospital:  *Address:	Serial No.Sensor	
*Tel No. Fax No. Email: Mobile: I hereby authorize that the enclosed	used withModel/Part No.Sensor	*Tel No. Fax No. Email: Mobile: I hereby authorize that the enclosed	with Model/Part No.Sensor	
oxygen sensor(s) be disposed of on my behalf. Signature Required for ISO standards Sensor(s) Returned From: *Name:	No <b>Equipon</b> ent sensor used with	oxygen sensor(s) be disposed of on my behalf	No Equipment sensor used with	
*Position:  *Department:  *Hospital:  *Address:	Serial	*Position:  *Department:  *Hospital:  *Address:	Serial	
*Tel No. Fax No. Email: Mobile:	del/Part No.Sensor	*Tel No. Fax No. Email: Mobile:	del/Part No.Sensor	
I hereby authorize that the enclosed oxygen sensor(s) be disposed of on my behalf.	sensor used withModel/P	I hereby authorize that the enclosed oxygen sensor(s) be disposed of on my behalf.	sed with Model/P	
* Required for ISO standards	ent sensor u	Signature  * Required for ISO standards	ent sensor used	