

Sensor(s) Returned From:

*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.

.....
Signature

* Required for ISO standards

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Serial No.Sensor

Model/Part No.Sensor

Equipment sensor used with

Model/Part No.Sensor

Equipment sensor used with

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