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MODEL NUMBER _____ SERIAL NUMBER _____

PLACE OF PURCHASE _____ DATE _____

WARRANTY REGISTRATION FORM

CUSTOMER

NAME _____

ADDRESS _____
Number Street Suite

_____
City Province / State Postal / ZIP code Country

SIGNATURE _____ PACKAGE COMPLETE ☐

This unit is used by: ☐ Hospital ☐ EMT ☐ "911" ☐ Other (specify) _____

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