

Dynarex Corporation

WARRANTY REGISTRATION

**Pediatric Finger
Pulse Oximeter**



Please tell us about yourself (please print):

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Email: _____

Reorder No.: 7090

Serial No.: _____

Date of Purchase: _____

1. Is this the first pulse oximeter you've ever purchased? Yes No

2. Why did you select this unit? _____

3. What distributor did you purchase the Pediatric Finger Pulse Oximeter from? _____

4. What other medical supplies do you purchase? _____

Place
Stamp
Here

Attn.: Marketing Department

DYNAREX CORPORATION
10 GLENSHAW STREET
ORANGEBURG NY 10962