



cryopen.

In-Service Sheet

Completion of sheet will activate your warranty and will insure that you receive future system information.

Date of In-Service: ____/____/____

Sales Representative: _____

Serial Number of Unit: _____

(Information below must be filled out completely. Please Print)

Practice Name:

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Email address: _____

Representative explained the following:

- Use of a surge protector to protect your investment: _____
- Daily maintenance and quarterly maintenance: _____
- Daily Rotation of Pens: _____
- What to do if there is a power outage: _____
- How to use your Temperature Indicator: _____
- How to place a pen core in a pen tip: _____
- Process of wiping and dipping pens: _____
- Details of your warranty: _____
- Disinfection and/or Sterilization procedures: _____

Person/s in Attendance: (Complete only if you had a Representative or Phone In-Service)

_____	_____
_____	_____
_____	_____

Signature of Physician

Signature of Representative

Fax Completed Form to: CryoPen, Inc.

E-Fax 1-281-754-4359