



Phone In-Service Agreement

I, _____, agree to have an in-service for the CryoPen I recently purchased, conducted via telephone on the date of ____/____/____. I understand that by agreeing to having my in-service conducted over the telephone that this means I will not have a representative conduct an in-service in person prior to or any time after the sale of the CryoPen unit. The phone in-service will be conducted by the independent representative who completed the sale of the unit.

I also understand that a “check list” for the phone in-service will be provided to me by _____, the independent representative, once this agreement has been signed. The “check list” will be followed by the independent representative and the person authorized by the doctor’s office to conduct the phone in-service at the time of the in-service.

_____	_____	_____
Doctor Name	Doctor Signature	Date
_____	_____	_____
Independent Representative Name	Independent Representative Signature	Date
_____	_____	_____
Witness Name	Witness Signature	Date