



cryopen

GY2 In-Service Sheet

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

Date of In-Service: ___/___/___ Serial Number of CT-2000: _____

Sales Representative: _____

Batch Number of GY2 Handheld Device: _____

(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:

- How to place your GY2 Tips on the GY2 Handheld Device : _____
- How to place a Pen Core into the GY2 Handheld Device: _____
- How to use your GY2 Temperature Indicator: _____
- The Importance of the Dummy Pen Core: _____
- Process and Importance of Wiping and Dipping Pen Cores: _____
- Disinfection and/or Sterilization Procedures: _____

Person/s in Attendance:

_____	_____
_____	_____
_____	_____

Signature of Physician

Date

Signature of Representative

Date

Fax Completed Form to: CryoPen, Inc.

E-Fax 1-281-754-4359