

## FSN Acknowledgement Form

**RE: Field Safety Notice for Filter/HME TwinStar® Plus – Dräger Ref. PR132399**

Customer Name / Address:

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I acknowledge receipt of the information provided in the Safety Notice and confirm that the information has been brought to the attention of all concerned users.

Completed By:

Print Name: \_\_\_\_\_

Signature / Date: \_\_\_\_\_

Thank you in advance for completing and returning this acknowledgement form.

Please return the completed form to:

E-mail: [SafetyNoticeUK.C.GB@Draeger.com](mailto:SafetyNoticeUK.C.GB@Draeger.com)