

FSN Acknowledgement Form

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

Customer Name / Address:

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