

IMPORTANT: PLEASE FAX THIS FORM AS SOON AS POSSIBLE

I have received and read the *Urgent Medical Device Safety Information and Corrective Action* letter from Defibtech, LLC dated February 16, 2007.

Signature

Date

Contact Name: _____

Company: _____

Address: _____

Email: _____

Telephone: _____

Instructions:

1. Please confirm that you have received and read the *Corrective Action* letter by signing and dating the form.
2. Please provide your complete contact information. If possible, provide e-mail address and telephone number.
3. Please fax the form to **1-203-738-1072** as soon as possible.