

I received the following instructions:

- How to turn system on and off.
- Installation of any accessories including tips, handpieces, filters, articulated arm, or footswitch as appropriate for the system.
- Demonstration of all modes of operation.
- Review of Settings Charts and Operators Manual.
- Contact information for technical service.
- Registration on the members only site <https://my.perigee.com> and how to access clinical, marketing, and product materials.
- How to order collateral and replacement parts from <https://shop.perigee.com>.

Name of Perigee representative: _____

- Perigee rep was knowledgeable and professional.
- Perigee arrived on time and was prepared.

Level of satisfaction with your purchasing experience with Perigee Medical

| | | | | | |
|-----|---|---|---|---|------|
| Low | | | | | High |
| 1 | 2 | 3 | 4 | 5 | |

Comments:

Customer signature: _____

Date of installation: _____

Email to: info@perigee.com **or** **Fax to:** **1-415-358-8800**