Perigee Medical Equipment Installation Approval and Warranty Registration

l have	received th	ne following syst	em						
Serial	numbers:								
		system			handpiece				
Accou	nt name:								
Contac	ct:								
Addres	ss:								
Phone	:								
Email:									
Balanc	ce collected	d:							
Patien	t Referral	Information:							
	Public Em	nail:							
	Public Pho	one:							
	Website:				_				
Includ	ed Items								
	No missin	g items		Items missing	g				
Visual	Inspectio	n							
	Equipment appears new and undamaged.								
	Unusual C	Condition:							

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I rec	eived the	e follo	wing in	structio	ons:								
	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	e of Perig	ee repr	esentat	ive:									
	Perigee rep was knowledgeable and professional.												
	Perigee arrived on time and was prepared.												
_	J												
Leve	l of satis	sfactio	n with	your pu	ırchasing e	experien	ce with P	erigee Medical					
	Low				High	-		-					
	1	2	3	4	5								
Comr	nents:												
Custo	omer signa	ature: _											
Date of installation:													
Email	l to:	info@	perige	e.com	or		Fax to:	1-415-358-8800					