

## LIFEPAK ® CR2 Automated External Defibrillator (AED) Acknowledgement

### ***Acknowledgement and receipt form – response is required***

*Place Label here with:*

Account Number  
Account Name  
Address  
City State Zip

I have read and understand the instructions provided and acknowledge receipt of the Medical Device Correction notification regarding the LIFEPAK CR2 Automated External Defibrillator (AED).

Customer Information:

Name of person completing this form: \_\_\_\_\_

Title : \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return completed form by Fax to Stryker at 1-866-448-9567, email to [rsrecall@stryker.com](mailto:rsrecall@stryker.com), or mail to Physio-Control, Inc. PO Box 97006, Dept N15, Redmond, WA 98073-9706**