

LIFEPAK® CR2 Automated External Defibrillator (AED) Device List

Place Label here with:

Account Number
 Account Name
 Address
 Cty State Zip

Completed by: _____

Sign and date: _____

Phone Number: _____

Email: _____

INSTRUCTIONS FOR IMPACTED DEVICES

1. Please review the list below indicating device(s) affected by this field action:

- Serial number(s) can be located on the back of your device.
- Verify the status of your affected device(s) using selections provided in the table below.
- If any device(s) with a serial number listed below is not in your possession, please provide the new address and contact information, if you have it.
- If any device(s) has a lid missing a magnet, please reference the customer letter for instructions to have replacement lid kit and battery sent at no cost.

Return completed form by Fax to Stryker at 1-866-448-9567, email to rsrecall@stryker.com, or mail to Physio-Control, Inc. PO Box 97006, Dept N15, Redmond, WA 98073-9706

Serial Number	Device in Possession		Lid has Magnet Intact		*Please provide the new address and new contact information
	Yes	No	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	