CUSTOMER RESPONSE FORM

Acknowledgement and Receipt Form

«CUSTOMER_NAME»
«STREET_ADDRESS»
«CITY», «POST_CODE» «COUNTRY»
CUSTOMER NUMBER: «CUSTOMER_NUMBERS»
REF.: FSCA-PMJ-18-01-2

PENTAX Medical Duodenoscope Model ED-3490TK
Replacement of Forceps Elevator Mechanism, O-Rings, and Distal End Cap

- I have read and understand the instructions provided in the customer notification letter.

Contact Information	
Name	
Title	
Telephone	
Fax Number	
Email address	

Signature of Receipt and Acknowledgement	Date

Upon completion of the form and signing, please return the form by either one of the following methods:

- Return this completed form to local PENTAX representative at {fax number} Attn: Regional FSCA coordinator
- Email a pdf copy of the completed form to {e-mail address}.

If you have any questions regarding this action, please feel free to contact your PENTAX Sales Representative or Field Safety Corrective Action Coordinator {name of FSCA coordinator} at:

Tel: {telephone number}
Fax: {fax number}
E-mail: {email address}

Please fill in the list below with the serial numbers of the affected devices (**ED-3490TK**) which your facility has purchased and whether they are still in use or not.

Serial number	Does facility still own?	Serial number	Does facility still own?	Serial number	Does facility still own?
	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No