

# LIMITED WARRANTY

## (MICROPAQ® MONITORS AND ACCESSORIES)

This product is sold by Welch Allyn, Inc. under the warranties set forth in the following paragraphs. These warranties are extended only to the end-user with respect to the purchase of this product directly from Welch Allyn or Welch Allyn's authorized distributors.

For a period of 24 months from the date of original delivery to the buyer (12 months for remanufactured monitors), the Micropaq® monitor is warranted to be free from functional defects in materials and workmanship and to conform in all material respects to the description of the product contained in the Directions for Use and accompanying labels and/or inserts. For a period of 12 months this same warranty is made for the Micropaq battery charger. For a period of 90 days this same warranty is made for accessories provided by Welch Allyn, including but not limited to the batteries, the SpO<sub>2</sub> cable and ECG cable. Separate warranties apply to SpO<sub>2</sub> sensors. Warranty of accessories purchased separately from listed suppliers will be the responsibility of the listed suppliers.

This warranty is valid only if (a) the product is properly operated under conditions of normal use in accordance with applicable safety and regulatory requirements, (b) replacements and repairs are made in accordance with the instructions provided by Welch Allyn, (c) the product has not been configured, modified, adjusted or repaired other than by Welch Allyn or by persons expressly authorized by Welch Allyn, or in accordance with written instructions provided by Welch Allyn, (d) the product has not been subject to misuse, negligence or accident.

Welch Allyn's sole and exclusive obligation, and buyer's sole and exclusive remedy under the above warranties, is limited to repairing or replacing, free of charge, a product which is reported to Welch Allyn at one of the telephone numbers provided below, has a returned material authorization number assigned, and which is returned not later than seven days after the expiration of the warranty, to:

**Welch Allyn**  
**8500 S.W. Creekside Place**  
**Beaverton, Oregon 97008-7107 USA**  
**Telephone: (503) 530-7500 or (800) 289-2500**  
**Facsimile: (503) 526-4200**

during normal business hours, transporting charges prepaid and which, upon Welch Allyn's examination, is found to conform with the above warranties.

WELCH ALLYN SHALL NOT BE OTHERWISE LIABLE FOR ANY DAMAGES INCLUDING, BUT NOT LIMITED TO, INCIDENTAL, CONSEQUENTIAL OR SPECIAL DAMAGES.

THERE ARE NO EXPRESS OR IMPLIED WARRANTIES WHICH EXTEND BEYOND THE WARRANTIES IN THIS DOCUMENT. WELCH ALLYN MAKES NO WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

# MICROPAQ REGISTRATION—NORTH AMERICA

Please fill out all information below:

Principal user's name/title: \_\_\_\_\_ Dept. \_\_\_\_\_

Biomedical engineer's name: \_\_\_\_\_

Institution/Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

PLEASE TEAR ALONG PERFORATION, FILL OUT, FOLD, TAPE AND MAIL.

**I bought the Micropaq because of:**

- Display
- Flexibility
- Price
- Purchasing contract
- Battery cost
- Durability
- Other's recommendation
- Special offer (specify): \_\_\_\_\_
- FlexNet
- Sales Representative
- Product Reputation
- Portability

**I learned of Welch Allyn via:**

- Already owning a Propaq
- A magazine (specify): \_\_\_\_\_
- Another hospital/dept. (specify): \_\_\_\_\_
- A mailer
- A sales representative
- Colleague recommendation
- A trade show
- Other: \_\_\_\_\_

**My institution is a:**

- Hospital (or hospital system)
- Physician's practice
- Surgicenter/Clinic
- EMS/Air Medical Transport service
- Government/Military institution
- Home Health service
- Other: \_\_\_\_\_

**This monitor will be used mostly in:**

- Stepdown/Telemetry
- Cardiac
- Cath Lab
- Emergency
- Endoscopy
- ICU/CCU
- Med/Surg.
- Neonatal Care
- OB/GYN
- OR/Anesth./Surg.
- Outpatient Surg.
- PACU
- Pediatrics
- Progressive Care
- Radiology/Spec. Pro.
- Rehabilitation
- Other: \_\_\_\_\_

**The number of beds in my institution is:**

- 0-50
- 51-99
- 100-150
- 151-200
- 201-350
- 351-500 or more

**This purchase will:**

- Replace an existing monitor
- Add to existing monitors

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# IMPORTANT INFORMATION!

IN ORDER FOR WELCH ALLYN TO BETTER SERVE YOU, PLEASE FILL OUT THIS REGISTRATION CARD AND RETURN IT TO WELCH ALLYN.

# Micropaq®

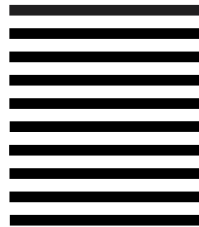
## Registration and Warranty



PLEASE FOLD HERE. TAPE CLOSED. DO NOT STAPLE.



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST CLASS MAIL PERMIT NO. 10 BEAVERTON OR

POSTAGE WILL BE PAID BY THE ADDRESSEE

WELCH ALLYN  
8500 SW CREEKSIDE PLACE  
BEAVERTON, OR 97008-9894

# WelchAllyn®

