

LIMITED WARRANTY (PROPAQ 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 36 months from the date of original delivery to the buyer (12 months for remanufactured monitors), the Propaq® CS or Propaq Encore® 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 Reference Guide and accompanying labels and/or inserts. For a period of 90 days this same warranty is made for accessories provided by Welch Allyn, including but not limited to AC power adapter, blood pressure cuff, and ECG cable. Separate warranties apply to ETCO₂, SpO₂, and Invasive Blood Pressure 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.

PROPAQ 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.

<p>Propaq CS:</p> <p><input type="checkbox"/> 242</p> <p><input type="checkbox"/> 244</p> <p><input type="checkbox"/> 246</p> <p>S/N _____</p> <p><input type="checkbox"/> SpO₂ Option S/N _____</p> <p><input type="checkbox"/> Expansion Module S/N _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Printer Option <input type="checkbox"/> CO₂ Mainstream</p> <p style="margin-left: 20px;"><input type="checkbox"/> CO₂ Sidestream</p> <p><input type="checkbox"/> RESP Option</p>	<p>Propaq Encore:</p> <p><input type="checkbox"/> 202</p> <p><input type="checkbox"/> 204</p> <p><input type="checkbox"/> 206</p>
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I bought the Propaq because of:

- | | |
|---|---|
| <input type="checkbox"/> Price | <input type="checkbox"/> The Acuity System |
| <input type="checkbox"/> Purchasing contract | <input type="checkbox"/> Sales representative |
| <input type="checkbox"/> Battery life | <input type="checkbox"/> Product Reputation |
| <input type="checkbox"/> Durability | <input type="checkbox"/> Portability |
| <input type="checkbox"/> Other's recommendation | |
| <input type="checkbox"/> Special offer (specify): _____ | |

I learned of Welch Allyn via:

- Already owning a Propaq
- A magazine (specify): _____
- Another hospital/dept.(specify): _____
- A mailer A trade show
- A sales representative 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:

- | | |
|--|---|
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> OR/Anesth. /Surg. |
| <input type="checkbox"/> Cath Lab | <input type="checkbox"/> Outpatient Surg. |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> PACU |
| <input type="checkbox"/> EMS/Air Med | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Endoscopy | <input type="checkbox"/> Progressive Care |
| <input type="checkbox"/> ICU/CCU | <input type="checkbox"/> Radiology/Spec. Pro. |
| <input type="checkbox"/> Med/Surg. | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Neonatal Care | <input type="checkbox"/> Stepdown/Telemetry |
| <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Other: _____ |

This monitor will be used mostly as a:

- Bedside monitor networked to Central Station
- Bedside NOT networked to Central Station
- Transport monitor within the hospital
- Transport monitor outside the hospital (specify location): _____

The number of beds in my institution is:

- | | |
|----------------------------------|--|
| <input type="checkbox"/> 0-50 | <input type="checkbox"/> 151-200 |
| <input type="checkbox"/> 51-99 | <input type="checkbox"/> 201-350 |
| <input type="checkbox"/> 100-150 | <input type="checkbox"/> 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.

Propaq® CS & Encore

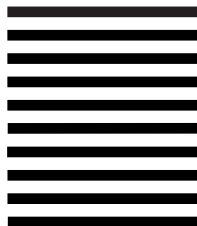
Vital Signs Monitors

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
ATTN: PROPAQ PRODUCT MANAGER
8500 SW CREEKSIDE PLACE
BEAVERTON, OR 97008-9894

WelchAllyn®

