

Dynarex Corporation

WARRANTY REGISTRATION

**Elite
Compressor
Nebulizer**



Please tell us about yourself (please print):

Name: _____

Address: _____

Reorder No. 5605

Serial No.: _____

City: _____

Date of Purchase: _____

State: _____ **ZIP:** _____

Email: _____

1. *Is this the first Compressor Nebulizer you've ever purchased?* **Yes** **No**

2. *Why did you select this unit?* _____

3. *What distributor did you purchase the Compressor Nebulizer from?* _____

4. *What other medical supplies do you purchase?* _____

Place
Stamp
Here

Attn.: Marketing Department

DYNAREX CORPORATION
10 GLENSHAW STREET
ORANGEBURG, NY 10962