



Luxo Medical Products

RESPONSE / REDEMPTION REQUEST

Complete contact information and #1 below; complete 2 and 3 only if you answered "Yes" to #1; then fax to 800-765-1770 or scan/email to sales@burtonmedical.com.

Dr/Contact Name: _____

Address: _____

City: _____ St: _____ Zip: _____

E-Mail: _____

Phone: _____ Fax: _____

1. Yes, my unit(s) appear to look like Attachment A and is covered by Safety Alert
(If yes, complete #2 and 3)

No, my unit(s) do not look like Attachment A.

2. Serial #'s of light(s) covered by Safety Alert:

3. Please contact me for more information on (choose one or both options):

Option A: Free Pivot/Extension Arm

Option B: Trade-In Offer