

Example Entry of filling out the form

M5071A Adult Pads Recall Confirmation Form

This is the number of pads to be collected that are owned by our facility. Please make sure that the number of countermeasure pads sent to you is correct. If you have any questions, such as a wrong quantity, please contact the Philips AED (HS1) Pad Recall Office.

Information section. In addition, please return the affected pads and the Recall Confirmation

Please enter only the quantity of the affected pads to be collected that you are sending to us. The pads to be returned can be confirmed in the list of lot numbers to be returned. Please do not include any pads other than those to be affected. If there are no affected pads to be returned, please enter "0 (zero)".

that we know of are

15 pads

Customer Information section

If you have replaced affected pads, please provide the required information in the

Please check when you confirm that you do not have any pads for return other than the quantity indicated in the "Returned Quantity" above. Please check the box even if the "Returned Quantity" is zero.

Required Information	Quantity of pads returned	15 pads
	Return verification	<input checked="" type="checkbox"/> We do not have any affected pads other than the quantity indicated in the box above.
	Date	2023 / JAN / 16
	Organization	General Affairs
	Telephone	03-1234-5678
	Signature Printed Name	Taro Yamamoto

Please fill the date when you fill this form

Please fill your Organization

Please fill your phone number

Please fill your name

If you have any questions, please call us at the number below.

Inquiries: Philips AED (HS1) Pad Recall Office TEL 0120-143-079 (Weekdays 9:00 a.m. to 5:30 p.m.)