

PENTAX of America, Inc.
3 Paragon Drive
Montvale, New Jersey • 07645
Toll-free: 800-431-5880 • Tel: 201-571-2300

Fax: 201-391-4189

## FIELD CORRECTION RESPONSE FORM Response is Required

CUSTOMER NAME:				
ADDRESS:				
CUSTOMER NUMBER:				
REF.: 2020-003-C				
	ftware version	3.4.0 or high	er, both configured	9310HD Digital Video Capture with 9263 endoPortal™
Contact Information	men denone provid		- Totalious in lotter.	
Name				
Title				
Telephone				
Fax Number				
Email address				
0: 1 10 :1 141				D.1
Signature of Receipt and Ack	nowledgement			Date
Upon completion of the form an	d signing, please re	eturn the form by	either one of the following	methods:
			t at 201-799-4063 (alterna ries@pentaxmedical.com.	
If you have any questions regar Customer Service at 800-431-5	-		-	tory Manager or PENTAX Medical
Below is a list of the affected pr	oducts our records	show your facility	has purchased.	
Model	Serial Number			
	1			