

# Installation and Activation

<b>Product description:</b>	
System Name:	Manufacturer / distributor:  The Health Technicians Canada Inc. 64 Skipper Lane Oakville, ON, L6L 5Y8
Model and type:	
Serial Number:	
Accessories:	

<b>Installation/Activation Report</b>	
Name / address of customer:	Tested and installed by:

The signatures below confirm that installation of the system, including accessories, has taken place according to the manufacturer's Guidelines supplied with the system.

The contra-indications and side effects, explained in the Guidelines, have been clarified.

No faults were encountered during the installation.

Date:	Signature Customer:
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Date:	Signature MediConsult GmbH:
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<b>Fault Report - To be Completed in the event that a Fault is found during installation/activation :</b>		
During the installation, the following faults were observed:		
The following actions were taken:		
Date:	Name:	Signature of Installer: