

100 Wall Street, Suite 2502, New York, NY 10005 Tel 718.369.0012 Fax 718.287.1229

PICK-UP TICKET

PATIENT (first/last name)		DATE	
SHIP TO			
NAME (first/last)			
ADDRESS			
CITY S			
PHONE			
EQUIPMENT TO PICK-UP			
DESCRIPTION		SERIAL NUMBER	QUANTITY
OTHER			
PATIENT'S SIGNATURE / DATE		NAME (if other than nationt)	
FATIENT 3 SIGNATURE / DATE		NAME (if other than patient)	
COMPANY REPRESENTATIVE'S SIGNATURE / DATE		COMPANY REPRESENTATIVE'S NAME	

PLEASE EMAIL TO CONSENTS@ACCESSINTEGRA.COM OR FAX TO 718.288.9423