



REF: DKL/F24  
ISSUE: 2  
DATE: DEC 2010

### DECONTAMINATION INFORMATION FOR SURGICAL INSTRUMENTS BY PERSONS OTHER THAN A REGISTERED HOSPITAL

I hereby confirm that the instrument/s listed below have been cleaned  
and disinfected/decontaminated prior to sending for repair:

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Order Number .....

Signed ..... Name .....

Title .....

Company .....

Address .....

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Date .....

Keeping Surgeons **at the Leading Edge** of Ophthalmology