

BUSINESS REPLY FORM

Stryker Neptune 1 Silver Waste Management Device

Please complete and sign this form and send back to Stryker at strykerinstrumentsrecalls@stryker.com or fax to 866-521-2762. This form must be signed by the CEO or highest ranking individual at your facility.

Manufacturer Part Number	Product Description	Quantity of Neptune 1 Silver devices on record at your facility
0700-003-000	Neptune 1 Silver Rover	

Indicate all Neptune 1 Silver serial numbers at your facility:

If you are currently using the Neptune 1 Silver under a Certificate of Medical Necessity, indicate your proposed timeline to transition to an alternate suction option:

Complete this information indicating that you have received this notification and have completed the actions required within this recall notification.

Name (print): _____

Title: _____

Telephone: _____ E-mail: _____

Signature: _____ Date: _____

This form must be signed by the CEO or highest ranking individual at your facility.

Account Number and Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

For questions regarding this recall please contact Stryker Instruments:
Monday-Friday 8am-7pm (EST)
Neptune Customer Care Center
855-458-7441 or 269-389-2316
strykerinstrumentsrecalls@stryker.com