FDA CERTIFICATION

Fill out section A or B (A – Medical Facilities / B – Device Resellers)

A. I certify that I am a licensed practitioner and/or other person regularly and lawfully engaged in the prescribed use of the medical device items identified below. I also certify that prior to sale of use of such devices I will take necessary steps to assure that such devices are not adulterated or misbranded within the meaning of those terms in the Federal Food, Drug and Cosmetic Act. (21 U.S.C.311, et seq.) The VME- and PVS- Portascope Video Endoscopy Systems is not FDA 510K approved. This equipment has not been approved for medical use in any country.

		Serial Number	
	Title		
	1011 / (ddi 033		
	Telephone Number		
	(Sign)	Date	
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medical device medical device above: I will no use. The VME -	tes (2) U.S.C.311, et so te item(s) identified but use those items for and PVS- Portascope not been approved for Product Number	aces stringent restrictions on adulterated or misked.) I certify that I either will sell or otherwise probelow only to the persons described in a or bar their original or usual intended use or for any of Video Endoscopy Systems is not FDA 510K approvemental use in any country. Serial Number	ffer the s noted her medical
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