



# OzoneLab™ End User Tracking Information (EUTI) Form

(This form should be faxed to Canada-250-265-4482)

Information required in this form is collected by Ozone Services/OzoneLab™ Instruments for the purpose of monitoring the distribution of our products with the intention to prevent unsafe usage of OzoneLab™ Instruments for applications dangerous to human health.

End User Name:  
(Person, not organization)

Organization Name:

Street:

Province/State:

Country:

Zip/Postal Code:

Telephone:

Fax:

Cell:

E-Mail

Ozone Therapy Training:

Theoretical

Practical

Organized by:

Date/Year of Training:

Name of the Mentor:

Clinical Experience (years):

Please, do not forget to include a copy of your medical license.

I release information provided above under the condition that all personal data will be kept confidential and will not be misused in any way or form by the operator of the EUTI database (Ozone Services/OzoneLab™ Instruments).

I also understand a representative of Ozone Services / OzoneLab™ Instruments may contact me to verify information provided in this form.

Date:..... Signature:.....