

OLYMPUS®

IN SERVICE

VOLUME 5 ISSUE 4

FALL 2003

FREE 2004 Calendars
Page 8.

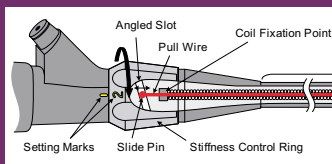
ALSO IN THIS ISSUE:

The Allure of Low Pricing

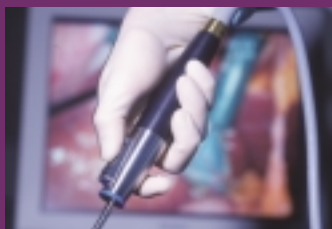
The long-term cost of third-party repairs. Page 3.

**Inferior Repairs**

The impact of aftermarket parts on premium design features. Page 4.

**Innovation of the Year**

EndoEye™ surgical videoscope recognized for revolutionary design, functionality. Page 6.



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LIFE IN AN ALPHA O.R.™ AFTER INTEGRATION

State-of-the-art surgery center comes to Oxford, Mississippi

IS recently caught up with Heather Boling, Director of Perioperative Services at Baptist Memorial Hospital in Oxford, Mississippi. This past March, Baptist completed construction of six fully integrated ALPHA O.R.s. We asked Ms. Boling to give us an insider's view of life in the O.R. after integration ...

Time Savings

"Time is everything in the O.R. If you can shave off 2 minutes, 5 minutes, 10 minutes ... that's the key." -HB

For Heather Boling, time savings has been the main benefit to come out of their integrated ALPHA O.R. Before integration, a great deal of effort was expended by the circulating nurse

wheeling equipment carts in and out of rooms to hook up, turn on and program each piece of surgical equipment. "Now all of the equipment is already in the room and can be quickly programmed with the touch of a button. And, that is beyond the greatest thing," she says. How great? "Assuming five to six procedures a day, we're talking a time savings of 25-30 minutes. Thirty minutes in a day is a big deal," she explains. "It means spending less time on the equipment and more time focusing on the patient." Boling said another benefit of integration is increased efficiency for the physicians. "We can quickly move them from room to room to make best use of their surgery time."



The Olympus ALPHA O.R.™ is a totally customized operating room offering the highest level of patient care through seamless, build-on-demand integration of surgical and communication devices. The baseline components of the ALPHA O.R. are the VISERA™ multi-specialty digital imaging platform and the EndoEYE™ family of surgical videoscopes utilizing "eye-inside" technology. Further enhancements to ALPHA O.R. may include the SonoSurg™ ultrasonic cutting and coagulation system and the EndoALPHA™ centralized O.R. control system. In its most advanced form, ALPHA O.R. includes Olympus Integration, a customized service that enables seamless interconnectivity and access to information by doctors and nurses, both in new or existing facilities.



CONTINUED ON PAGE 2 ...

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FREE INFORMATION

See details on page 8.

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 To help conserve the forests of the world, *In Service* is printed on recycled paper.

The Quality inside Olympus.
The Q Inside the O.SM



OLYMPUS QUALITY —
What does it mean to you?

At Olympus, quality means always keeping patient safety in mind, whether we're developing innovative solutions, delivering superior customer service or performing certified repairs. What does it mean to you?

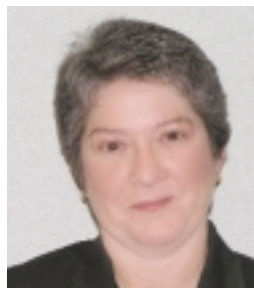
Having a trusted repair partner close by ...

"Recently, Olympus opened a repair site locally, further enhancing the service, technical support and turnaround times available to us.

Our Olympus repair technician is an integral part of the team and

has proven invaluable in helping us meet repair reduction goals and keeping our endoscope inventory in excellent condition."

*Ginny Jacobs, RN, BSN, Endoscopy Manager,
Sentara Healthcare, Norfolk, VA
(see page 7 for full details)*



Supporting a continuum of care for our customers ...

"I've been a representative for Olympus in both service and sales since 1972. What's been important to me is the breadth of solutions I can offer to customers. What I find truly phenomenal is the support

services put in place by Olympus to advance the field of endoscopy. Everything from biomedical programs and consulting services to financial packaging, repair solutions and JCAHO-qualifying certification courses through Olympus University. As the healthcare field becomes increasingly complex, it's wonderful to work for a company that has vigorously stepped up to the plate."

*John Edge, Sales and Service Advisor,
Olympus Endoscopy Service, San Jose, CA*



For more information about "The Q inside the O" and our promise to never compromise on quality, select [B] on page 8.

"LIFE" CONTINUED FROM PAGE 1 ...

Error Reduction

"In the O.R., you're never doing just one thing at a time, so you want to minimize the opportunity for error." ~HB

With the equipment permanently mounted on orbiters and surgeon preferences pre-programmed into the EndoALPHA system, Boling says it greatly decreases the room for error.

Convenience

"At first, doctors might think integration is something they don't need. But when they actually get a chance to use different integration features, they think it's really a nice benefit." ~HB

With less than half a year in their newly integrated suites, Boling says they haven't had the opportunity to fully explore all of their integration capabilities yet. But the introduction and implementation of each new capability has been met with little resistance and great acceptance. "It's one of those things you don't know you need until you've tried it," she says.

Scalable

"So many times in healthcare people want to sell you the whole enchilada; they want to sell you everything and you don't need everything." ~HB

What is amazing about Olympus and the ALPHA O.R. is the different levels of product, technology and integration services available, explains Boling. Baptist has six O.R. rooms—four are fully integrated ALPHA O.R.s, and two are a smaller variation, used primarily for heart procedures. "I didn't really need full integration capabilities in the heart rooms,

CONTINUED ON PAGE 6 ...



IN PURSUIT OF QUALITY

THE ALLURE OF LOW PRICING

The saying "you get what you pay for" has never been truer than for repair service on endoscopy equipment. If the price of a repair sounds too good to be true, it probably is ...

Save Now and Really Pay Later

The long-term cost of third-party repairs can be considerable. While perceived price-per-repair savings through a third-party vendor can at first seem attractive, third parties may be dissecting the total price for a repair process into smaller component pricing to give the appearance of lower costs. Furthermore, third-party vendors are not Olympus-certified and, therefore, do not have authorized access to Olympus factory repair processes and original manufacturer's parts. This can lead to repairs that are less durable, increasing your overall repair frequency and refurbishment expenditures.

No Such Thing As "Just As Good As"

Third-party product modifications can significantly alter the performance and life of your endoscopes and telescopes and jeopardize your product warranty in the process.

Even small discrepancies like different sealants, solders and lubricants or reused, rather than replaced, non-durable components can have a negative impact and add up to more costly repairs over time. And, many third-party repairs can negate premium design features such as ultra-slim or variable-stiffness insertion tubes. **IS**

The most cost-effective way to protect your investment is to keep your Olympus equipment 100% Olympus.

SUPPORT DIGESTIVE DISEASE RESEARCH, AWARENESS



The ASGE Foundation's mission is to

broaden its base of support for research and public education in the use of G.I. Endoscopy for the prevention, diagnosis and treatment of digestive disorders. As the first founding member of the ASGE Foundation's Corporate Council, Olympus is pleased to contribute to this effort.

And now you can too! Through early 2004, any time you buy Olympus EndoJaw™ disposable biopsy forceps, Olympus will donate a portion of the proceeds to the Foundation.

EndoJaw — part of the Olympus EndoTherapy product line of diagnostic and therapeutic accessories — has been newly expanded to include forceps for 2.8mm and 2.0mm biopsy channels. Featuring a proprietary sheath exterior that reduces surface friction, EndoJaw enables smooth insertion through the endoscope channel. The flexibility of the sheath has also been improved to make it easier to pass the forceps through an angled endoscope.

For more information about the Olympus EndoJaw or other EndoTherapy products, select [C] on page 8. To learn more about ASGE and the ASGE Foundation, visit www.asge.org or call 866-353-ASGE. **IS**

DON'T BLOW YOUR OLYMPUS WARRANTY ON THIRD PARTIES.

Sometimes, short-term savings promised by third party repair providers can look very attractive. The problem is, they don't have Olympus certified people, procedures or parts. Endoscope performance may suffer and your Olympus Warranty — which is a very good one indeed — will be gone with the wind. Only Olympus can make your endoscope superior from the beginning. Only Olympus can keep it that way.

Never compromise on things that could affect patient safety.

THE QUALITY INSIDE OLYMPUS. THE Q INSIDE THE Q™



For a complete list of Olympus repair facilities, visit olympus.com



"So we DON'T use ORIGINAL OLYMPUS PARTS, YOU DON'T HAVE TO GET HUFFY ABOUT IT."

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EDDIE'S CORNER



With 29 years at Olympus, Eddie Garcés, our Executive Director of Endoscopy Service, is the resident guru on all facets of endoscopic repair.

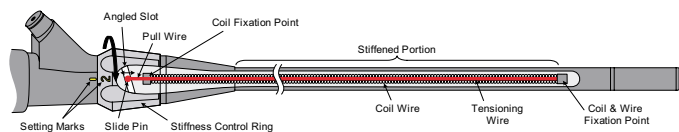
Inferior Repairs—A Stiff Price to Pay

Perhaps one of the most egregious modifications performed by third-party vendors is the replacement of original Olympus insertion tubes with their own aftermarket parts. Not only does this alter how the endoscope behaves during a procedure, it can also potentially lead to more costly repairs and negate premium design features in the process.

Let me give you an example. In the Olympus Innoflex™ colonoscope a special tensioning mechanism inside allows the endoscopist to adjust the

Olympus colonoscope insertion tubes provide an attachment mechanism for this tensioning system at both ends. It is essential for both ends of the tensioning system to be properly attached to engage the variable stiffness feature.

Unfortunately, we've seen a lot of Olympus Innoflex colonoscopes that have been modified with third-party insertion tubes, rendering their advanced functionality useless. It's analogous to paying extra money to purchase a vehicle with four-wheel drive and then having your mechanic disable that capability without



stiffness of the insertion tube to suit individual handling preferences as well as adapt the instrument to a patient's unique anatomy and the requirements of the procedure. A control ring just under the endoscope's grip regulates the amount of stiffness delivered to the insertion tube. As the control ring is rotated, the tensioning wire is tightened, increasing the rigidity of the instrument.

your approval. The car may still run, but you definitely wouldn't want to drive it in the snow. These third-party shortcuts can be costly, frustrating and unwanted. They can also dramatically impact the endoscope's performance characteristics and the value of your original investment. Keep your Olympus products 100% Olympus.

Eddie

by THE WAY . . .

Other Olympus News


Olympus Unveils C-5000 Zoom 5.0 Megapixel Digital Camera

The Ideal Photographic Tool for the Digital Enthusiast

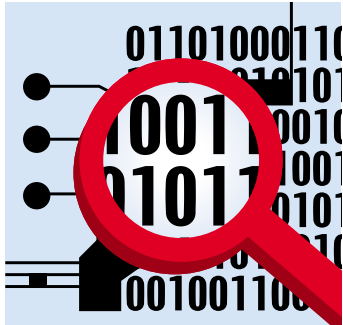
The new Olympus C-5000 Zoom digital camera, released in October 2003, offers an innovative, bold design with advanced functionality, 5.0 megapixels, and a world-class Olympus 3x optical zoom lens for outstanding picture quality. The C-5000 Zoom is extremely easy to use and is the ideal photographic tool for digital enthusiasts looking for a compact, stylish camera with enough functionality to match their growing skills.

Auto mode allows photographers to take flawless pictures in typical situations using basic point-and-shoot tech-

niques. Experienced photographers will appreciate the C-5000 Zoom manual settings with individual controls for aperture and shutter priority, as well as full manual operation with manual shutter speeds ranging from 16 to 1/1,000 of a second.

With a unique ergonomic design, and a hot shoe for more flash options, the C-5000 Zoom provides great value to digital novices and enthusiasts alike in a compact form. For more information about the C-5000, visit www.olympusamerica.com. 





TECH TIPS

By Dale Ellison,
Lead Service Technician

OEP & OEP-3 Printers

Clarification on Settings

The 75-ohm switch located at the rear of the printer

The 75-ohm switch is provided for RGB and NTSC inputs. This switch is normally set to the ON position. If the input signal drops when you connect additional equipment to the video printer (such as a slave monitor), set this switch to the OFF position. This is the only area a setting can be changed for “looping through” additional equipment.

NTSC/PAL selector switch on OEP models and some OEP-3 models

In the U.S., the video format selector switch should always be set to NTSC (National Television Systems Committee). Some countries outside the U.S. use the PAL (Phase

message because the PAL format requires an additional memory board be installed inside the unit.

Use of the THRU/EE selection located in the Output Setup Menu

A printer outputs one of two different kinds of video signals (THRU and EE) based on the printer’s settings. These video signals are generated in the video processor and passed on to the printer and then the monitor. These settings are intended solely for matching the color seen on the video monitor to the printed copy.

When the print selector is set to THRU, signals are output to the monitor as is—meaning, the signal merely passes by the printer on its way to the monitor. In this mode, the printer’s circuitry makes no adjustments to color prior to sending the signal to the monitor, and the printer will not capture a correct image. So, if the selector is set to THRU, the color on the monitor may not be correct, even if the printer’s color is adjusted correctly. The THRU setting should be used when you want to adjust the video

(“Display—on/off”) is the correct method for turning off the printer data display.

When the print selector is set to EE, signals are output to the monitor after being processed by the printer’s circuitry. This option should be used as opposed to THRU.



Print Paper Requirements

Paper jams in either the OEP-3 or the OEP are often caused by incompatible print paper. The papers used in these two models are not interchangeable. Both papers have the same size and feel, so it is important to pay attention to the color coding printed on the back side of each paper:

The OEP Printer uses print pack UPC-5510. The print on the container for this paper is black, and the back side of the actual print paper is light gray.

The OEP-3 Printer uses print pack UPC-510. The print on the container for this paper is blue and the back side of the actual print paper is light blue.

Do not use the print paper from older printers (UP-5000 or UP-5200) because the printer ribbon will melt onto the paper. These incompatible print papers have black boxes printed on their back side. **IS**



Alternate Line) format. If you need to move the NTSC/PAL switch, be certain to first turn off the printer prior to the switch change. If your printer is erroneously set to PAL, you might get a “low memory”

processor’s color to the monitor without influence from the color settings on the printer. The THRU setting should not be used to turn the printer data off. A menu setting in the printer



EDUCATION

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Dec. 3, 2003

Nashville, TN

Dec. 9, 2003

Atlanta, GA

For current Olympus course information and details:

www.olympusuniversity.com

800-645-8100 ext. 6200



Technology On The Horizon

Olympus EndoEYE™ Surgical Videoscope Receives “Innovation of the Year” Award

The Olympus EndoEYE™ Surgical Videoscope was recognized in September 2003 with an “Innovation of the Year” award at the 12th International Congress of the Society of Laparoendoscopic Surgeons for the instrument’s revolutionary design and functionality.

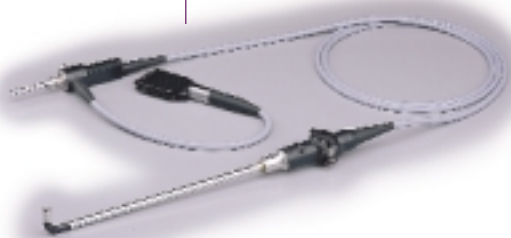


“The EndoEYE family of surgical videoscopes was designed with one thing in mind: providing surgeons with an innovative, sophisticated, reliable instrument that would make it easier for them to deliver outstanding care to their patients,” said David C. McKinley, Group Vice President, Medical Systems, at Olympus America Inc. “We’re grateful to the Society of Laparoendoscopic Surgeons for this award, which tells us that our efforts were successful.”

What makes the EndoEYE Surgical Videoscope truly unique is the revolutionary new digital imaging technology which places a miniaturized Charge Coupled Device (CCD) chip at the instrument’s distal tip — right at the site of surgery. Placing the imaging device at the distal tip makes fragile rod lenses a thing of the past, and allows images to be processed onsite, without interruption or any compromise to image quality. In addition to providing consistent image quality, having the CCD chip distally mounted allows the surgeon to look directly at the surgical site, rather than looking at it through a window, as is the case with conventional camera head and telescope systems.

The EndoEYE family of surgical videoscopes includes the world’s first fully autoclavable videoscopes in both 10mm and 5mm versions, available in both straight viewing and 30 degree angled viewing. In addition, the LTF-V3, deflatable tip EndoEYE surgical videoscope allows for unmatched maneuverability and viewing capabilities with its four-way angulation system.

For more information about EndoEYE, select [D] on page 8.



“LIFE” CONTINUED FROM PAGE 2 ...

but I did need the ability to route images,” says Boling. Olympus was able to solve that request by minimizing extraneous equipment in these rooms and installing a switcher.

The Planning Process

“You really want to start thinking about and planning for integration well before the construction phase.” ~HB

Boling speaks from personal experience. It wasn’t until they were into actual construction that Baptist began entertaining the concept of integration. “You do *not* want to use us as a test case,” laughs Boling. “We had to adapt the integration system around the rooms already under construction, when, really, it should all be one big planning process.” And you want to allow plenty of time, Boling cautions. Once she had approval from the hospital’s administration to proceed with the integration process in November 2002, she said Olympus had approximately 13 weeks to complete the installation. “And they did it without a hiccup,” she says. “Integration is great. But Olympus’ true claim to fame is that I got them a P.O. and 13 weeks later they had that thing installed and ready to go. I do *not* recommend this,” Boling teases. “This is *not* the way to go. But they did it when most companies

probably couldn’t have! We could have literally turned the thing on, found out it didn’t work and I still would have been a 100% satisfied customer because the service was amazing.”



Heather Boling, RN, BA

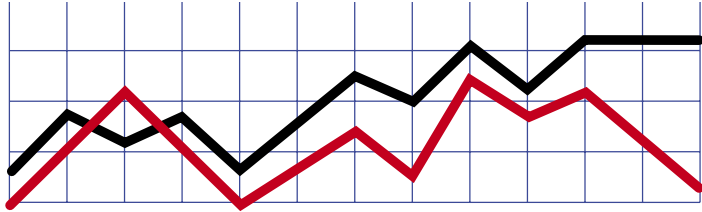
The Future of the O.R.

“To me, if you are building O.R. suites right now, you need to be looking at integration ... this is the future.” ~HB

Changing technologies and computers are a fact of modern life, explains Boling. “There’s no way two years down the road computers are going to leave us. They’re not. Why build something now that is going to be obsolete in a few years? And if you’re a teaching hospital, it is an absolute *must*.”

To learn more about the ALPHA O.R. and Olympus Integration Services, select [A] on the Request Form on page 8, or visit www.alphaor.com. For more information about Baptist’s state-of-the-art surgery center, contact Heather Boling at 662-232-8188.





COST CONTAINMENT *Strategies*

SITTING ON THE SIDELINES

Like with anything, we all have our favorites. We pick the chair that is most comfortable, the ball player who will do the best job for our team, and in the case of endoscopy, the endoscope or telescope that performs flawlessly during a procedure.

Of course, we can't always use or choose our favorite so we have to have other scopes sitting on the sidelines, so to speak. The problem comes when one or more of the scopes on our team becomes a permanent bench warmer and they're just not earning their keep.



Always on the Injured List

If a scope is being under-utilized because it is frequently out for repair, it's worthwhile to investigate. Is the same repair being performed repeatedly? If so, is it because of improper handling by the staff, or is it because the repair process is less durable and not to factory standards? If different repairs are being performed on the same scope frequently, is there a causal relationship between the repairs, with one repair leading to another?

Not Good Enough for the Pros

If a scope is constantly being passed over by the physician staff, find out why. If physicians claim it's because the scope "just doesn't feel right," investigate which vendor is performing repairs on that scope to help uncover the culprit. Or if the equipment is being passed over in favor of newer technology, it might be time to retire or upgrade that under-utilized piece of equipment.

Tracking the Timeouts

The two aspects that come into play relative to repair expenditures for your facility are downtime and turnover.

Downtime

When a scope is out for repair, it can cost you money—that scope is not available for procedures. Olympus helps mitigate downtime associated with scope repair by providing:

- Onsite loaners for service agreement customers,
- Nationwide service for quick turnarounds at every level of repair, and
- Repair service performed to stringent factory standards, designed to be durable and reduce the overall incidence of repeat repairs.



Turnover

When a scope isn't performing properly, it can lead to longer or aborted procedures and put patient safety at risk. It can also take longer to reprocess. For example, a spliced channel might require more care to perform thorough reprocessing. Slow turnover, for whatever reason, translates into higher overall procedural costs for your facility.



Developing a Game Plan

Auditing your repair history and evaluating your scope utilization rates are the best way to start getting a true picture of your real repair costs. For a limited time, Olympus is offering at no charge a preventive maintenance visit to your facility. We'll perform a free audit of your facility's repair history and expenditures as well as an analysis of your use, handling and reprocessing protocols and equipment utilization. We'll show you appropriate strategies for decreasing your overall repair expenditures and introduce you to the continuum of support available through Olympus.

To find out more, please call us at 800-537-5739 or contact your local Olympus service center. **IS**

Sentara Goes on the Offensive

"The number one concern expressed by our physicians in a 1996 survey was availability of functional endoscopes. Their concern prompted me to evaluate the situation. And so we began our journey to ensure an adequate number and appropriate mix of functional scopes to efficiently handle our patient volumes.

Olympus nurse consultants and our sales representative helped determine my facility's needs and showed me how to manage our inventory by tracking scope repairs and the associated costs. And what costs we had! As a result of our initial findings, we implemented a scope care and handling program and designed a structured plan of action. We continued our focus—sharing data with our staff, soliciting their input, redesigning scope cleaning and work areas, and we began sending all of our scopes to Olympus for repair.

In preparing for the future, we have structured a scope replacement plan which gives us the flexibility to adapt to volume changes, new technology and physician preferences."

*Ginny Jacobs, RN, BSN, Endoscopy Manager,
Sentara Healthcare, Norfolk, VA*

Olympus Endoscopy Request Form

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Olympus Endoscopy Service
2400 Ringwood Avenue
San Jose, CA 95131-1700

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800.878.3691

E-mail:
inservice@olympus.com

Phone:
800.645.8100 ext. 6331
(Leave a detailed request and mailing/contact information.)

**Olympus Customer Care:
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800.848.9024
Fax: 800.228.4963

Surgical Medical Products
800.548.5515
Fax: 800.833.1482

Free 2004 Olympus Calendars—Two to Choose From!

Olympus is releasing two wonderful new wall calendars for 2004. Renowned nature photographer Mitsuaki Iwago captures wildlife from around the world in "Nature's Hidden Charms." Our illustrated cartoon calendar, "The Olympus Collection," showcases a compilation of work created for Olympus by famed New Yorker cartoonist Sam Gross. To obtain your copy, please fill out our survey below.



Which of the following categories best describe your facility?

- Hospital
 - G.I.
 - O.R.
 - Both G.I. & O.R.
 - Other:
- Physician's office
- Endoscopy/surgery center
- Other

Who do you use for repair service on your Olympus equipment?

- Olympus
- Third party
- Both Olympus & third party
- Don't know

Does your repair vendor provide pick-up service?

- Yes
 - Picks up in lab/office
 - Picks up in shipping area
- No
- Don't know

Does your repair vendor provide return delivery service to your lab/office?

- Yes
- No
- Don't know

Is there an option that would be acceptable in lieu of pick-up service in your lab/office?

- Yes
 - Pick-up service in shipping area
 - Prepaid airbills
 - Our facility would handle shipping
- No, pick-up in lab/office is essential
- Don't know

Is there an option that would be acceptable in lieu of return delivery service to your lab/office?

- Yes
 - Return service to shipping area
 - Our facility would handle return shipping
- No, return to lab/office is essential
- Don't know

Would your facility be willing to pay extra for pick-up/delivery service to the lab/office?

- Yes
- No
- Don't know

Does your facility pay for shipping/courier charges for repair service?

- Yes
- No
- Don't know

Which calendar would you prefer? (limit one calendar per person while supplies last)

- "Nature's Hidden Charms"
- "The Olympus Collection"

Thank you!

Check the boxes below for the information you are requesting:

- ALPHA O.R.™ (R314UB; 7-055-800; R337SB-3; R344UB-3; R301UB)
- The Olympus Quality Commitment (QUA-PACKET)
- EndoJaw™ Disposable Forceps (F1004SB-3; F1023SB; F938SB-0503)
- EndoEYE™/Visera™ (7-055-800)

- Add my name to your mailing list.
- Delete my name from your mailing list.

YOUR NAME _____

TITLE _____ PROVIDE ALL CONTACT INFORMATION NOT INCLUDED IN MAILING LABEL BELOW.

FACILITY NAME _____

DEPARTMENT _____

FACILITY ADDRESS _____

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