

# DECLARATION

Date :

I.....R/O.....  
Have Been Using CPAP / BIPAP / POC / OC For Since ..... Years / Months/ Days.

This is to inform you that I am not having any doctors prescription as of now and Buying

.....,

From MEDIKART HEALTHCARE SYSTEMS PVT LTD at our own risk and decision. We are solely responsible for the use of the Modes and other related Technicalities of the machine and well not hold , MEDIKART HEALTHCARE SYSTEMS PVT LTD for any causality or for the wrong deice therapy decision.

Thanking you,

( Signature )

Name :

Address  
:

Phone No

Email :