

How are you doing?

We want to hear from you...

Your satisfaction is our #1 Priority. Please fill out the pre-addressed post card and mail promptly. We look forward to hearing from you with your commentary

Paul Rosenberg
President, OSTI-KLENZ™ Inc.



WARRANTY CARD

Name: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Date Of Purchase: _____

Colostomy

Ileostomy

One Year Limited Warranty: Warranty is for one year against any manufacturing defects. Return pre-paid to:
OSTI-KLENZ™ • Viewmont Estates • Scranton, PA 18508
Upon inspection replacement will be mailed pre-paid.

1-888-OSKLENZ

www.osti-klenz.com



Comments Please!

How did you hear about us?

Thank you for your commentary!



PLEASE COMPLETE AND RETURN THIS WARRANTY AND COMMENT CARD.

Tear Here



OSTI-KLENZ™ Inc.
7 Viewmont Estates
Scranton, PA 18508

Four vertical lines for writing a comment or signature.