

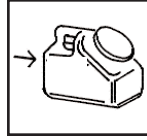
Disposal By Mail System

- Disposal By Mail System
- IV Pump & Accessories
- IV Pole

- 1** Remove sharps container from box.
Save the box and bag.



Save box and bag.



Never overfill.



No fluids!



Place container inside red bag. Close with twist-tie.



Close securely!



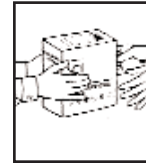
Do not remove this form.

- 2** Deposit all sharps and contaminated medical waste into the container until container is 3/4 full. **DO NOT** deposit **ANY** fluids into the container. Always keep the container out of the reach of children and pets.

- 3** Once container is 3/4 full or no longer needed, close the lid and place inside the red bag. Use twist-tie to close red bag and place inside white box. Secure locking tabs on top of the box.



Postage is pre-paid for your convenience.



Give to your Mail Carrier or take to post office.



Never throw in household trash!

- 4** Hand the box to your Mail Carrier or take to the nearest Post Office.

NOTE: Return Address must be completed on box.

IV Pump and Accessories *Instructions for Return*

- 1** Pump will arrive in a pre-paid FedEx box with admission supplies.
SAVE THIS BOX.

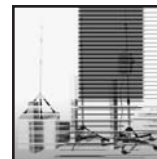
- 2** Use the pump as instructed by your provider.

- 3** When your home therapy is completed, put the pump and accessories back in the box. A Customer Service Representative from the Infusion Center will call you with discharge instructions. The Infusion Center will then arrange for FedEx to pick up the pump return box.



IV Pole

If you receive a collapsible IV pole, simply throw it away or recycle it at the end of therapy.



If you have questions about mailing the package or require an additional container, contact your Home Provider _____ at this number _____.

I have read the above instructions and understand them. I accept the responsibility of properly disposing of the sharps containers through the US Postal System, packaging and returning of equipment by FedEx, and disposing of my IV pole in my Regular Waste or Recycling. I understand that any disposable supplies that are in my possession at the completion of my therapy will be my responsibility to dispose of.

Patient Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____