# Tab 69

Adverse Reaction Log / General Complaint Log

Date: 9-10-02 Representative: R. Fox

Approx. Time: 1:35 STACKER 2

Name of Customer:
Company Name :
(if applicable)

Address:

Phone Number:

Customer's Situation: SHUT SYSTEM DOWN - COULD NOT MOVE BOWELS HAD TO SEE A DOCTOR.

Advice Given: GAVE HIM CREDIT OF 79.90 + SENT ENVELOPE FOR HIM TO SEND BACK.

Rev 020502