

FirstKind Ltd
Hawk House
Peregrine Business Park
Gomm Road
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HP13 7DL



Confirmation to proceed

I confirm that, using the pack of information provided, I have sought the advice of my doctor to use the geko™ devices, for the purpose they are intended, in the context of my current medical health situation.

I have received positive GP advice to proceed, and confirm that I would like to proceed with purchasing the geko™ devices.

Name of user:

Signature of user:

Date:

Address:

Telephone number:

Email address

If returning this form by post, please return it to the address shown above. If returning the form as a scanned image, please email it to: geko.support@firstkindmedical.com