

## Rightest™ Blood Glucose Monitoring System

# BIONIME

**BIONIME CORPORATION**  
694, Renhua Road, Dali Dist.,  
Taichung City 412, Taiwan  
**Tel** 886 4 24951268  
**Fax** 886 4 24952568  
E-mail: [info@bionime.com](mailto:info@bionime.com)  
<http://www.bionime.com>

PLACE  
STAMP  
HERE

Distributor name and address

### EMERGENCY CARD

Blood Glucose Monitoring System

- User Name:
- User Phone No.:
- Blood Type:
- Doctor/Hospital:

# BIONIME

I am a diabetes patient. If  
you find me in a coma or  
stupor, please take me to  
the hospital on left side. Or  
call \_\_\_\_\_

## Warranty Card

**BIONIME**

(Please present this card for replacement purpose)

Name	Tel	Distributor name and address
Address		
Serial No	Model	
Date of purchase		

### Limited warranty:

1. Bionime corp warrants the original purchaser only, that the **Rightest™** Monitor shall be free of any defects in materials or workmanship and, provided it is not modified, altered or misused, will perform in accordance with specifications for a period of five (5) years from the original date of purchase.
2. Bionime guarantees the performance of the **Rightest™** Monitor only if used as directed and provided that the failure to perform or misperformance of the **Rightest™** Monitor has not been caused in whole or in part by the use of test strips that are not **Rightest™** Test Strips manufactured by Bionime. Use only **Rightest™** Test Strips in your **Rightest™** Monitor.
3. The sole obligation of Bionime under this warranty shall be to replace any defective Monitor. No other warranties, express or implied, are made. Bionime shall not be responsible for any incidental or consequential damages.
4. Appearance defects or dirt caused by user's improper use are excluded from this warranty.
5. Activation of this warranty shall be conditioned upon completion and return of the warranty registration card to your local authorized Bionime distributor.
6. You must contact your local authorized Bionime distributor for assistance and / or instructions for obtaining a replacement monitor.

## Warranty Card

**BIONIME**

Thank you for purchasing our product. Please complete and mail this warranty card within 30 days of purchase of your **Rightest™** Blood Glucose Monitoring System.

Name	Male/Female	Date of Birth
Address		
City	Country	Postal Code
Phone Number		
Healthcare Professional Who Recommended	City	Country
Store/Pharmacy Name Where Purchased	City	Country
Date of Purchase	Model No:	Serial/Lot No.

Do you have  Type I  Type II  Gestational Diabetes?

Have you owned a blood glucose monitor before?  Yes  No

Which brand/s were you most recently using?  Yes  No

Will the **Rightest™** meter be your primary monitor?  Yes  No

How often do you test your blood glucose? Times per day \_\_\_\_\_ per week \_\_\_\_\_

Do you use insulin?  Yes  No Oral medication?  Yes  No

How did you hear about the **Rightest™** Blood Glucose meter?

Thank you for answering these questions and for your purchase of the **Rightest™** Blood Glucose Monitoring System.