



Mercury Equipment Survey. Please fill out this form completely and accurately. It will be used to purchase your mercury-free equipment. All equipment purchases will be Latex-free.

What is your average monthly patient load? _____

Please indicate the number or percentage of patients who speak:

English _____	Thai _____
Spanish _____	Japanese _____
Chinese _____	Cambodian _____
Korean _____	Vietnamese _____

Other (please specify) _____

How many of each type of replacement aneroid sphygmomanometer does your clinic need? Please do not include new equipment for clinic expansions, etc. We can only REPLACE existing mercury units, extra items cannot be ordered.

Wall-mount _____

Mobile unit _____

Does your clinic need multiple cuff sizes for the blood pressure units?

Yes ____ No ____

If yes, please specify the number of each and specify if they are for wall or mobile units.

Child _____ Wall Mobile

Infant _____ Wall Mobile

X-large _____ Wall Mobile