



URGENT: MEDICAL DEVICE CORRECTION UPDATE
Product Name: Erbe Cryosurgical Unit Model ERBECRYO® 2
Response Form

Erbe USA, Incorporated
2225 Northwest Parkway
Marietta, GA, 30067

Date:

Please submit the completed form by email to fieldaction.us@erbegroup.com

Customer Information:

Facility Name:

Address:

Contact Person:

Title:

Account Number:
(If Known)

I confirm that I have received the Medical Device Correction Letter dated June 26, 2026, regarding Erbe Cryosurgical Units.

Form Completed By:

Date: