**Return Form**

Please fill in the form for return in advance and send it by fax or mail back to us.

A processing of the return shipment takes place after approval!

|  |  |
| --- | --- |
| **Company name:** |  |
| **Contact for returns:** |  |
| **Phone number:** |  |
| **E-Mail:** |  |
| **Invoice number:** |  |
| **Quantity:** |  |
| **Article no:** |  |
| **Lot:** |  |
| **Reason for Return:** |  |

**Please apply a proof of decontamination to the unit! If there is no proof of decontamination attached to the unit, we need to send it back without repair.**

Thank you for your understanding.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval for return by company WISAP Medical Technology GmbH granted using the following RMA NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please attach the return form outside to the packaging!**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**