

Return to Manufacturer Authorization

Dear Customer,

In order to process your repair as soon as possible we request you to fill in this questionnaire and attach it to your shipment. Before sending, please inform your corresponding contact person at Eickemeyer by email. In return you will receive your RMA number.

Thank you for your cooperation! Your EICKEMEYER Service-Team.

Name | Address | Practice Stamp

RMA Number _____

Contact person _____

Direct phone number _____

Reason for return

Return (for credit)

Claim

Repair

Type of device* _____

Invoice no./Date _____

Serial number _____

Accessories (i. e. power pack, etc.) _____

Exact error description _____

Cost estimate required?

yes

no

Important:

- All returned items must have been cleaned and if necessary disinfected.
- In case our cost estimate is not accepted a service fee of 50,- € minimum is due. This fee can be higher depending on the effort and device (e.g. surgery motors, etc.).
- Disassembled items will not be re-assembled for safety reasons.
- Repair shipments cannot be combined with standard shipments and will be sent separately.

Date

Signature

*please fill in a separate form for each item