

RMA FORM

RETURN MATERIAL AUTORIZATION

OCOMPLAINT ORETURN OREPAIR

DEVICE REF NUMBER		RMA NUMBER (assigned by EMED)	
SERIAL NUMBER / LOT NUMBE	R	INVOICE NUMBER	
COMPANY NAME		CONTACT PERSON	
ADDRESS (STREET, HOUSE NO.)		EMAIL	
ADDRESS (POSTAL CODE, CITY,	COUNTRY)	PHONE NUMBER	
TYPE OF APPLICATION / COURS	E OF EVENTS / OBSERVATION		
PROBLEM DESCRIPTION / REAS	ON OF RETURN		
O sterilization has been done	ration must be taken ted infection with the use of cleaning and	d disinfecting chemicals)	
RETURN GOODS TO EMED SP. Z O. O. SP. K. UL Ryżowa 84B	Service contact Attention Daniel Szwagierczak Phone +48 22 455 66 66	DATE	

EMED SP. Z O. O. SP. K. ul. Ryżowa 84B 05-816 Opacz-Kolonia Poland Phone +48 22 723 08 00 Service contact
Attention Daniel Szwagierczak
Phone +48 22 455 66 66
WhatsApp +48 880 000 886
Email support@emed.pl
https://www.emed.pl

ATTENTION before shipment

The package will not be accepted without RMA number.

The notifier hereby declares that devices are complete and safely packed.

