



Return shipment form

Document:
K4.1.FB001 EN

Revision: CB

Doc.-no: 0007713

Address data

Name: ZIP code:
E-Mail: City:
Phone: Country:
Company:

Article data

Article: Article number:
Date of purchase: Batch number:
Invoice number:

Dear customer,

to process your return shipment, as soon as possible, please full fill out this form with detailed information's about the reason for return shipment.

Reason: Reclamation Wrong delivery Return shipment rental takes
Reparation Cancellation
Outher:

Remark for STEMA Medizintechnik:
(such as for the attention of, after consultation with, ...)

Filling out of Reclamation/Reparation/Other

Reason of return shipment (as accurately as possible):

(such as Instrument is running hard, operation element defect, ...)

Please note for all return shipment!

1. Any returned medical device must be reprocessed! Failure to observe this, we send back the medical device to you at your expense.
2. Send us back a **digitally signed** copy of the full fill out returns shipment form. **Additional** attach the full fill out **and hand signed over the digitally sign** returns shipment form to the return shipment.



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Proof of decontamination:

We confirm that the returned instruments are free from contamination and have been cleaned, disinfected and sterilized prior their return shipment.

STEMA Medizintechnik reserves the right to return contaminated products **at your expense**.

Executing person:

Remark:

Date:

Signature: _____

Form actions: