Request form RMA number

Please fill in the form preferably in English.

CUSTOMER DATA

Title

☐ Mr. ☐ Ms.

Last name *

First name *

Practice / Clinic / Company *

Title / Function

Customer number

Transaction number (your reference)

Country *

City * / Zip *

Street / House Number *

Email *

Phone number *

Fax

PRODUCT

Model, Article number [REF]. Please list all returned Articles

Serial number [SN]. Please list all returned Articles

DETAILED DESCRIPTION OF THE ERROR

How often can the error be reproduced? How often does the error occur?

Date

Signature / Stamp

Request RMA number (with filled in form)

E-Mail: repair@xion-medical.com

Fax: +49 (0) 30-47 49 87-11

YOUR RMA NUMBER (you will receive it from us)

Your RMA number for return is:

Please mark your return clearly visible with this RMA number

Ver.04 en 07/2021