

# Return Service Card

Request form for RMA number

## CONTACT DETAILS

Customer number \_\_\_\_\_  
Company \_\_\_\_\_  
Contact person \_\_\_\_\_  
Street \_\_\_\_\_  
ZIP / City \_\_\_\_\_  
Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

## PRODUCT

Type (item number) \_\_\_\_\_  
Serial number \_\_\_\_\_  
Detailed description of issue

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature/ Stamp \_\_\_\_\_

The grey area will be completed from XION.	
Your <b>RMA number</b> for return is	
Please label your package clear visible with this generated RMA number.	

## Request of RMA number

E-mail [repair@xion-medical.com](mailto:repair@xion-medical.com)

Fax +49 (0)3047498711