***To be filled out by customer:***

|  |  |
| --- | --- |
| **REQUEST FOR SERVICE/REPAIR ORDER**  | **Return/Report date:** |
| **Article no:** | **Serial no:** |
| **Invoice address:** | **Delivery address (if differs from invoice address):** |
| **Contact name:** | **Contact telephone and mail:** |
| **Describe faulty errors: (insert descriptive picture if possible)** |
| ***Mail this request to:*** ***service@hpm.se*** ***and await responding RMA no******To be filled out by Hammarplast Medical AB:***  |
| **RMA no:** |

**To be reported to authority**

**!!! *Include this report with defective product and below statement to:***

***Hammarplast Medical AB, Kartåsgatan 8, 531 40 Lidköping, Sweden***

|  |
| --- |
| ***I declare that returned products listed below are properly cleaned and free from hazardous chemicals or blood residues. I understand that if product arrives at Hammarplast Medical AB contaminated and/or not properly cleaned, it will be returned on my expense for decontamination and/or cleaning.*** |
| **Customer signature:** | **Date:** |
| **Returned product :** |  |
| **Accessories:** |  **Cord Blue hose Red hose Other:** |

***To be filled out by Hammarplast Medical AB:***

|  |  |
| --- | --- |
| **Date:** | **Released from service:** |