

Dear customer,
Please describe the reason for the return as accurately as possible so that we can process your return as quickly as possible. Unfortunately, we are unable to process your return unless a reason is provided. Thank you for your understanding in this matter. Please send us the goods in their original condition and in the original packaging.

 Cancellation

 Incorrect delivery

 Complaint

Address / contact info

Name:		Zip code:	
E-mail:		Area:	
Tel:		Country:	
Company / clinic / practice:			

Item data

Item description		Item No.	
Purchase date		Pieces	
Invoice No.		Batch No.	
		Serial No.	

Hygiene information with regard to returns

The German Medical Devices Act (MPG) and Medical Devices Operator Ordinance (MPBetreibV) specify numerous legal requirements for the reprocessing of used medical devices. Since these medical devices can be a source of infections in humans, it is essential that they are prepared properly and professionally; especially before transport.
I hereby confirm that (check the appropriate box(es)):

- the enclosed medical device **has NOT come** into contact with blood or other bodily fluids and is therefore hygienically safe. I have confirmed this by signature (see below).
- the attached medical device has come into contact with blood or other bodily fluids during use. The product has been cleaned and decontaminated as follows:

Disinfection		Sterilization	
<input type="checkbox"/>	Manual decontamination only if the medical device cannot be processed in the washer/disinfector	<input type="checkbox"/>	Steam-sterilized
<input type="checkbox"/>	Machine preparation (chemical-thermal) – preferred –	<input type="checkbox"/>	Other sterilization procedure Description: _____

By signing, you confirm to us that the used medical device has been cleaned and disinfected properly and thus does not contain hazardous material (contamination risk). Without this information, we are unable to accept the return.

Name _____ Date _____ Signature _____

Für interne Zwecke For internal use only

Person Wareneingang (Kürzel) person incoming goods:		Sachbearbeiter intern (Kürzel) contact person (internal):	
Ware in Originalverpackung Goods in original packaging	<input type="checkbox"/> Ja/Yes <input type="checkbox"/> Nein/No	Rücksendung entspricht gelieferter Ware Return matches the delivered goods	<input type="checkbox"/> Ja/Yes <input type="checkbox"/> Nein/No
Ware vollständig Goods are complete	<input type="checkbox"/> Ja/Yes <input type="checkbox"/> Nein/No	Sicht- u. Funktionsprüfung o.k. Visual and functional inspection OK	<input type="checkbox"/> Ja/Yes <input type="checkbox"/> Nein/No
Prüfung durch: checked by:		geprüft am: date of check:	

Mandatory field! Each field must be filled in by the customer. Otherwise, no acceptance of the return is possible.

Details of complaint / incorrect delivery / cancelation

<input type="checkbox"/>	Falsche Menge Incorrect quantity	<input type="checkbox"/>	gelieferte Menge: delivered quantity:		bestellte Menge: ordered quantity:	
<input type="checkbox"/>	Falscher Artikel Incorrect item	<input type="checkbox"/>	bestellter Artikel: ordered item:		gelieferte Artikel: delivered item:	
<input type="checkbox"/>	Artikel defekt Item faulty	<input type="checkbox"/>	Beschreibung: description:			
<input type="checkbox"/>	Produktmängel Product defects	<input type="checkbox"/>	Beschreibung: description:			
<input type="checkbox"/>	Reparaturmängel Inadequate repair	<input type="checkbox"/>	Beschreibung: description:			
<input type="checkbox"/>	Sonstige Reklamationen Other complaints	<input type="checkbox"/>	Beschreibung: description:			

Wir bitten um: / We wish to request:

<input type="checkbox"/>	Ersatzlieferung Replacement	Notiz / Note:	
<input type="checkbox"/>	Gutschrift Credit note	Notiz / Note:	
<input type="checkbox"/>	Nachbesserung: Repair	Notiz / Note:	
<input type="checkbox"/>	Sonstiges: Other	Notiz / Note:	

Mit Ihrer Unterschrift bestätigen Sie uns, die oben aufgeführten Daten zur Rücksendung und Weiterbearbeitung. Bitte beachten Sie, dass die Ware an uns in Originalverpackung zurück gesendet werden muss.

By signing, you confirm the above information regarding the return and its further processing. Please note that the goods must be returned to us in the original packaging.

Name

Date

Signature

 Für interne Zwecke
For internal use only

Sachbearbeiter intern (Kürzel) contact person (internal):			
genehmigt durch EMOS: approved by EMOS:		bei Nein bitte kurze Begründung: in case of cancellation, short explanation:	
<input type="checkbox"/> Ja/Yes	<input type="checkbox"/> Nein/No		
Gutschrift Versand: shipping credit:		Unterschrift / Datum signature / date	
<input type="checkbox"/> Ja/Yes	<input type="checkbox"/> Nein/No		

 Mandatory field! Each field must be filled in by the customer.
Otherwise, no acceptance of the return is possible.