



# EQUIPMENT RETURN FORM

Please complete this form and send with items to  
5663 Brecksville Road, Cleveland, OH 44131

Items sent for return credit / service will NOT be handled without documentation of proper decontamination and cleaning. Complete the verification of decontamination section below to ensure return credit / service is processed.

Item(s) Description

Quantity

_____	_____
_____	_____
_____	_____

Description of Service Requested

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Sterilization Status: (Must be verified for return credit / service to be processed)

- The enclosed medical device(s) **have** been thoroughly cleaned/brushed and decontaminated in autoclave equipment according to the manufacturer's instructions.
- RETURNED / UNUSED EQUIPMENT ONLY:** The enclosed medical device(s) **have NEVER** been in contact with blood, tissue, body substances or other body fluids and thus is hygienically safe.

Customer/Company Name and Billing Address

Shipping Address

_____	_____
_____	_____
_____	_____

Signature

Date

Phone

( \_\_\_ Mobile OR \_\_\_ FAX)

Print Name

Title

Email

PURCHASE ORDER # (if applicable): \_\_\_\_\_