



RMA Form

issuer contact information

_____ **date**

_____ **company**

_____ **customer #**

_____ **street, flat, suite.**

_____ **zip**

_____ **city**

_____ **RMA # (assigned by Baaske)**

product details

_____ **article number**

_____ **description**

_____ **QTY**

_____ **serial number (if available)**

_____ **invoice no.**

_____ **invoice date**

failure description/reproduction steps („defective “ is no failure description):

RMA procedure:

1. Fill this form completely (except RMA number).
2. Send this form by fax or e-mail to usasales@baaske-medical.com
3. Wait for our confirmation and RMA Number by fax or e-mail.
4. Make sure that accessories (cables, manuals..) are complete.
5. Send defective Items to:

Baaske Medical GmbH Co. KG
RMA Abteilung
Siemensstraße 5
32312 Lübbecke
Tel: +49 (0) 5741 2360 270
Fax: +49 (0) 5741 23060 2799