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Formular

Complaint



Mrs. Mr. Company Name:

..... Degree Surname First Name

..... Street, Number Postal Code City

..... Fon Customer No.

Medicinal Product: Yes NO Amount: Expiry Date:

Article-No.:

Make of Producer:

Description of Product:

Charge No. / LOT:

For Devices, Serial-No.:

Did Patient/User/Third Party get injured? Yes No

Reason for Complaint: **Attention:** **product is used!** - Declaration of Decontamination is absolutely necessary

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.....
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- Guaranty
- Credit Note
- Cost Estimate
- Repair
- Replacement
- Defect New Goods
- Written Comment

..... Place, Date Signature

Please attach necessarily a copy of the invoice or a delivery note for each return.

<p><u>DENTAL-UNION GMBH Internal</u></p> <p>bearbeitet durch:</p> <p>bearbeitet am:</p> <p>Telefonnummer:</p> <p>Niederlassung:</p>	<p>Bemerkung:</p> <p>.....</p> <p>.....</p> <p>.....</p>
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Zurück zum Hersteller

Entsorgung