FO

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Form



Return of temperature controlled products

☐ Mrs.	☐ Mr.		Company.Name:				
Degree	Surname			First Name			
Street, Nu	ımber			Postal Code	City		
Fon				Customer No.			
Medicina	I Product: ☐ Yes	□ N0	Amount:			Expiry Date:	
Article-No	u:						
Mane of F	Producer:						
Descriptio	n of Product:						
Charge N	o. / LOT:						
For Device	es, Serial-No.:						
Please at	tach necessarily a	copy of the ii	nvoice or a delive	ry note for each	return.		
We here	by confirm that above	e mentioned p	roduct was:				
- properly	y stored (according to	o storage temp	peratures on the ma	aterial),			
- was pro	operly handeled (out	er packaging n	ot opened, instruct	ions for use not u	nfolded, etc.)	
- has not	left our area of resp	onsibility (give	en to no neighbours	s, or similar).			
	e delivery by Dental-U epot, have a confirm					GmbH directly to us, we, the	
Date:		Signa	ture + dental prac	tis oder dental-de	pot-Stamp:		