

## RMA REQUEST

**Your informations** (Fill in once in case you have more than one instrument to send)

Compagny : \_\_\_\_\_

Address\* : \_\_\_\_\_

\_\_\_\_\_

City\* : \_\_\_\_\_ Province/State\* : \_\_\_\_\_

Country\* : \_\_\_\_\_ Postal/Zip Code\* : \_\_\_\_\_

Contact name\* : \_\_\_\_\_

Email : \_\_\_\_\_

Phone\* : \_\_\_\_\_ Ext. : \_\_\_\_\_ Fax : \_\_\_\_\_

### **Details of the instrument to send**

Model\* : \_\_\_\_\_ Serial No\* : \_\_\_\_\_

Reason of shipment\* :  Calibration  Repair P.O. Number : \_\_\_\_\_

### **Accessories shipped with instrument**

- |  |  |
|--|--|
| <input type="checkbox"/> Removable power cord                  | <input type="checkbox"/> Patient response button |
| <input type="checkbox"/> Power supply (Required if applicable) | <input type="checkbox"/> Removable probe         |
| <input type="checkbox"/> Patch cords                           | <input type="checkbox"/> Headbox                 |
| <input type="checkbox"/> TDH headphones                        | <input type="checkbox"/> Coupler kit             |
| <input type="checkbox"/> Insert earphones                      | <input type="checkbox"/> Computer                |
| <input type="checkbox"/> Bone vibrator                         | <input type="checkbox"/> Printer                 |
| <input type="checkbox"/> Monitoring headset                    |  |

Enter any accessory that you include with the instrument. You can also add details, for example, you include 7 patch cords.

### **Other accessories**

If you send us your instrument to have it calibrated but it presents a problem, enter it below. For example, you have noticed an intermittent signal on the right side.

If you send us your instrument for repair, describe the symptoms it presents. Be as specific as possible.

### **Problems**

If you have any questions please contact us at 1-800-363-0793 or 514-856-9212 in the greater Montreal.

\*Indicates required fields