

Please send the
products
sterilised!

Complaint form



Contact person		Practice/ Laboratory Address	
Mail			
Phone			

Informationen zum reklamierten Produkt

Item number		Item name	
LOT		Purchase date	

How frequently was the item applied?	<input type="checkbox"/> No application <input type="checkbox"/> 1 times <input type="checkbox"/> multiples times <input type="checkbox"/> more than 20 times
How was the item cleaned?	<input type="checkbox"/> Manual <input type="checkbox"/> Ultrasound <input type="checkbox"/> Thermal disinfectant
Which cleaning/ disinfectant agent was used?	
Which sterilisation method was used?	<input type="checkbox"/> autoclaving <input type="checkbox"/>
On which material was the item used?	
What speed was used?	
Brief description of the claim's situation:	

Please complete this form in full with all available information about the products being returned and enclose it with the return. Product returns can only be accepted and processed if they are identifiable as cleaned and sterilised.

Date Signature