

'COMPLAINT FORM' No..... (fills Orimed)

City, date

ORDER NUMBER: INVOICE/RECEIPT NUMBER:

VIES																	
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NAME:

ADDRESS:

TELEPHONE: EMAIL:

Reason for complaint:

service

.....

product

Filled in by the client					To be filled in by an Orimed employee		
L.P.	Code product (REF)	Item name	Quantity	Reason for product complaint	Sales department	Quality Control	Production
					Warranty / post-warranty	For repair/replacement	Execution

I declare that I am familiar with the conditions for complaining about the goods specified in the Store Regulations. I declare that the instruments sent are sterilized.

.....
(legible signature of the Client)

Orimed's fills:

Comments from the Sales Department (LOT numbers):

Quality Controller's Notes: