To process your return, you will need a RMA number from us.

The goods can only be returned with a **fully completed RMA** form.
Returns without an RMA form can only be accepted with reservation.

If we do not receive the RMA form from you after the third reminder, we reserve the right to return the returned goods to you **at your expense**.

1

Send the **fully completed and signed** RMA form as a PDF file by e-mail to your contact person at Tekno-Medical.

2

We will send **you page 2 of the RMA form** with a **RMA number**

3

Enclose the RMA form with the RMA number and the fully completed decontamination confirmation with the return shipment.

4

Mark the return clearly with the RMA number.

5

If the goods were used in **veterinary medicine**, please **indicate this on page 2** and clearly mark the return with the **note 'VET'**. You can use the form on page 3 for this purpose.
Human and veterinary medical products must be returned in **separate packaging**!

Please note the following information:

The return shipment is carriage paid.

Please return your goods to us in **packaging suitable for transport**. We accept **no liability** for transport damage caused by inadequately packaged goods.

We reserve the right to return contaminated goods to you at your expense.

We will return goods that are the subject of unjustified complaints to you at your expense.

The RMA number is only valid for returning the goods; no further commitments are associated with it.

Rücksendung an

Tekno-Medical Optik-Chirurgie GmbH
Sattlerstr. 11

78532 Tuttlingen
GERMANY

RMA number: (filled in by Tekno-Medical)	

Customer data (to be filled in by the customer)		
Customer:	Customer no:	
	Forwarder/Import Number	
Address:		
Zip code/city:		
Country:		
Customer contact:		
Phone:		
E-mail:		

Has the product problem been reported to an authority? (If so, please enclose a copy of the official notification.)	Yes ☐	No ☐

Part number	**Qty**	**LOT number(s)** (*)	**Reason for return**	**Vet.**

(*) Tekno-Medical **cannot process the return** without indication of the LOT number!

Customer contact: _____ Date: _____ Signature: _____

Reviewed Tekno-Medical: _____ Date: _____ Signature: _____

VET