

# Guarantee Claim / Complaint Form

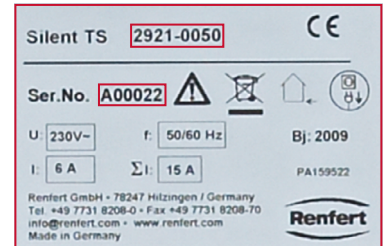
making work easy

With this form, complaints about medical products are reported to Renfert GmbH, Untere Giesswiesen 2, 78247 Hilzingen, Germany. Download the interactive form and simply fill it out digitally. Please send the completed form by e-mail to support@renfert.de or by Fax to +49 (0)7731 8208-679.

\*required fields

Item Code (See type plate on the device)\*:

Serial Number (See type plate on the device)\*:



## Contact details of the dealer

Name\*

Contact\*

E-Mail

Telephone

Fax

## Contact details of the dentist / dental technician

Name\*

Postal Address

E-Mail\*

Telephone

Fax

## Detailed fault description

## Damage to property / Personal injury?\*

No

Yes (Please inform immediately Renfert Germany)

## Description of the damage or injury

In consultation with Renfert, the device may need to be analyzed. Please do not dispose of the device before the case has been closed.