



Guarantee Claim / Complaint Form

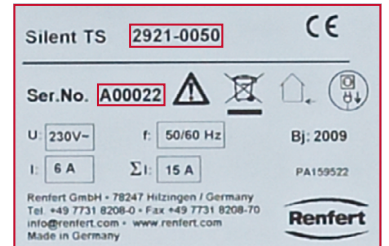
making work easy

With this form, complaints about medical products are reported to Renfert USA, 3718 Illinois Avenue, St. Charles, IL 60174 USA. Download the interactive form and simply fill it out digitally. Please send the completed form by e-mail to sales@renfertusa.com.

*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*

Address

E-Mail*

Telephone

Fax

Detailed fault description

Damage to property / Personal injury*

No

Yes (Please inform immediately Renfert USA)

Description of the damage or injury

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