uropront

SERVICE / CONTACT
+49 (0) 6120 - 92 172-0
info@uropront.com

REPAIR FORM

Please complete digitally, save, print and include this form with the returned product.
Fields marked with * are required for prompt processing.

IMPORTANT NOTICE Please do not enter or send patient names, patient numbers, images or any other health information. Single-use products are not intended for repair.

01 CUSTOMER AND CONTACT DETAILS

Practice / Clinic / Organisation *

Customer Number *

Contact Person *

Street / House Number *

Postcode / Town or City *

Email *

Telephone *

The data and information you provide in this form will be stored as part of our service process so that we can handle future enquiries more quickly and efficiently.

02 PRODUCT / DEVICE

Product Description / Type *

Serial Number *

ACCESSORIES INCLUDED

- ☐ Power Supply
- ☐ Cable
- ☐ Camera Head
- ☐ Adapter
- ☐ Other

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REPAIR DETAILS

The more precise the fault description, the faster we can carry out the assessment and respond.

03 FAULT DESCRIPTION

Fault Description *

04 COST AUTHORISATION

Cost Authorisation *

Please select

Internal Reference / Cost Centre

05 HYGIENE AND SHIPPING CONFIRMATION

- ☐ The product was cleaned / reprocessed in accordance with the applicable requirements before dispatch.
- ☐ The returned product shows no visible contamination.
- ☐ The product is securely packaged for transport; accessories and loose parts are clearly assigned.

06 CONFIRMATION AND SENDER

Name of Sender *

Date / Signature *

Previous correspondence regarding this matter (staff member, if known)