

SERVICE/RETURN NOTIFICATION

Please contact your Customer Care Associate at 1-800-385-4666 to obtain your RMA number before returning your scope for service.

RMA number for this Service Request is: _____, **issued by** _____

In order to facilitate the service of your scope, please return a completed copy of this form with the equipment and keep a copy for your records.

Facility Name: _____
Attention: _____
Department: _____
Address line1: _____
Address line2: _____
City: _____ State: _____ Zip: _____

Model: _____ Serial Number: _____
Leak Test: Pass Fail Comment: _____
Image Quality: Good Poor Comment: _____
Is this equipment being sent in for a Service Contract maintenance checkup? Yes No
Service Issue: _____

Do you consider this a Complaint as defined by FDA – GMP's - 21 CFR 820.198 : No Yes

Reprocessing Method: ***I certify this equipment has been reprocessed as indicated below:***

Cidex OPA Gluteraldehyde Other: _____
 Custom
 Ultrasonics Medivator Steris J&J Other: _____

Sign Name: _____ Date: _____

NOTICE: In the event where the returned scope has not been re-processed, Fujinon reserves the right to charge the customer a **\$150.00 Re-processing Fee**. This amount will be added to the cost of repairs.

Contact person authorized to approve service charges:

Name: _____ Dept: _____ Phone or Fax: _____ Ext: _____

The best time to reach this person is between _____ Am / Pm and _____ Am / Pm

Contact person who can answer questions related to this Service Request.

Name: _____ Dept: _____ Phone or Fax: _____ Ext: _____

The best time to reach this person is between _____ Am / Pm and _____ Am / Pm

Purchase Order Number: _____

This form applies to all scopes. (Customer/Loaner/Demo/Evaluation Scopes).