



# Return Request / Complaint

**Please note the following steps:**

1. Before each return, please fill out the return application and send it by email to **info@ultramedic.de** or by fax to **+49 2631 96983-33**.
2. Please wait for confirmation.
3. Enclose approved return request with the return shipment.
4. Please ensure that the goods are sent to us in proper packaging.

<b>Customer-ID</b>	<b>Company</b>
<b>Contact person</b>	<b>Address</b>
<b>Phone</b>	
<b>Email</b>	<b>ultraMEDIC</b>
<b>Customer Order No.</b>	<b>Order No.</b>
<b>Date of delivery</b>	

Part No.	Quantity	Article name	Serial No.

By returning the above-mentioned goods, the sender confirms that the goods are not contaminated or that the necessary measures of decontamination or disinfection have been carried out.

**Reason for return:**

- Wrong purchase order                       Wrong delivery                       Double delivery  
 Order cancelled                                       Other \_\_\_\_\_  
 Complaint (please describe in detail and send meaningful pictures):

\_\_\_\_\_ Date                      Applicant's name

<b>Return approved</b>		Is filled in by the ultraMEDIC company
No: _____	Comment: _____	
Name: _____	_____	
Date: _____	_____	
Restocking fee: _____	No                      Yes	