medicon®	"Accompanying document Request form return consignment"	EN 7413 F Seite 1 von 2

Medicon eG
Technicum
Dornierstraße 55
D-78532 Tuttlingen
Germany

Customer No.:			
Company:			
Department:			
Street:			
Postcode/Place:			
Contact Person:			
Tel.:		**Fax:**	
Email:			
Ref.:		**Date:**	

Product details:

Product No/ REF:	LOT / SN-No.:	Medicon Invoice No.:	Date of the invoice	Piece	Price/ piece	Total amount

Total amount:		

Reasons for return:

(Please specify the reason for return in detail, not sufficient information will cause queries and delays)

☐ The medical device is decontaminated (cleaned, desinfected and sterilized).

☐ The medical device is not decontaminated as it is new and unused.

Other additional information:

Notes:

- **Please do not return without prior release of Medicon.**
- **Costs which occur for packaging, freight and insurance are at the expense of the customer.**
- **Please consider, that any missing information can cause queries and delays.**
- **Please make sure to fill in this document completely and attach it to the shipping documents.**

Place Date Stamp Signature

***nur von Medicon auszufüllen:**
(Complete only from Medicon):

Interner Bearbeitungsvermerk*:

☐ Rücksendung genehmigt
☐ Rücksendung abgelehnt

zurück an Kunde am: _____
durch (Kürzel):

Bemerkungen*: _____

_____

Medicon Mitarbeiter*: _____ Datum*: _____

MEDICON eG Postfach 4455 78509 Tuttlingen Germany Tel.: (49) 7462 / 2009-0 Fax: (49) 7462 / 2009-50
e-mail: info@medicon.de homepage: http://www.medicon.de