



## REQUEST FOR RETURN AUTHORIZATION NUMBER

**Fax to: 770.554.2713**

If your product needs to be sent in for repair, the unit must be accompanied by a Return Authorization number from Ophthal-Mix. Please fill out the following return authorization form and upon receipt and review of this form, an RA number will be assigned.

*Please be assured that all information submitted via this form will be held in strict confidence and will not be used for marketing purposes.*

### Contact Information:

Date	Month / Day / Year
Practice Name	
Return Address	
	City: State: Zip:
Phone Number	
Fax Number	
Email Address	

### Product Information:

Manufacturer	
Model #	
Serial #	
Description of Problem	

Would you like a call back with an Estimate of Repairs?

## REPAIR PROCEDURE

- 1) Upon receipt of RA, place copy of RA in box.
- 2) Place your equipment in a sturdy box and pack well. Please place the equipment in a plastic bag if using packing peanuts.
- 3) Insure the unit for the original value.
- 4) Please ship via **UPS, FED-EX** or **DLH** only.  
*please note: customer is responsible for shipping charges to and from Ophthal-Mix.*