



RETURN AUTHORIZATION REQUEST FORM

3949 Valley East Industrial Dr
 Birmingham, AL 35217 USA
Tel: (205) 856-7200 x217
RA Fax: (205) 856-7207
 Attn: Libby Davis, RMA Mgr.

Company Name: _____

Address: _____

City: _____ State _____ Zip _____

Contact: _____

Tel# () _____ - _____ Ext# _____ Fax# () _____ - _____

Your PO # or Reference #

***Note - instructions are detailed in the Troubleshooting Section of the Maintenance & Repair Manual**

Unit Serial Number: _____ Hours of Operation: _____

Oxygen Flow @ _____ LPM Oxygen Purity: _____%

Repair Date: _____ Failure Date: _____

Part Number	Qty	Description	Component Serial Number(s)

Comments/Problems

**Note: MUST HAVE COMPONENT SERIAL NUMBERS-REMOVED AND INSTALLED
 MUST HAVE FAILURE DATE.**

For Internal Office Use Only Below this Point - Summary from Nidek Medical Products, Inc.

RA#	Confirmation#	Date:	Warranty	Yes or No
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Disposition of Authorized Return Parts:
