

## Unit 11, Saw Mill Yard, Blair Atholl, Pitlochry Perthshire, PH18 5TL, United Kingdom

To help us expedite your request, please complete this form and include it with your returned instruments. ~ Thank you!

4	<b>Z-</b> Cu	istomer Information
1 - Return #  Receive a return authorization number:	Customer Name	Contact/Dr.'s Name
	Phone #	E-mail
	Address	
GB: +44 (0) 8446 648 073 EU: +49 (0) 6221 7356 876		E-mail
■ USA: +1 (209) 920 6593 RMA#		
1XIVI <i>P</i> 4#		
3- Return Infor		ditional sheet if more space is needed.
Quantity Product ID	# Reason for Return (Exam	nples: unused-wrong item; used-broken; dissatisfied; etc.)  Replace or Credit
	·	-
We value your opinion. A	ny comments that you have would	be appreciated.
Comments:		
Instr	uctions	
1- Sterilize your return. Per COSHA regulations and health laws, non-sterilized instruments will not be accepted.		FROM:
2- Cushion your return to prevent possible shipping damage.		RETURN TO:
3- Required Documentation. Please include this completed form along with a copy of your invoice and/or the shipping packing list with your return.  Customer Service		Dental A2Z Ltd Unit 11, Saw Mill Yard Blair Atholl, Pitlochry

Dental A2Z Ltd will replace or repair, at no charge, any product that is determined to be a defect in material or manufacturing. Normal wear from usage is not a manufacture defect and does not qualify for warranty replacement.

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