



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: _____%

*Air Tank Pressures (Port 1) _____ / _____ psi Sieve Bed Pressures (Port 2) _____ / _____ psi

Service Technicians Name: _____

Part Number	Qty	Description	Component Serial Number(s)

Comments

Note: When returning products under the RA System please observe the following:

- 1) Mark RA Number clearly on outside of the carton
- 2) Use Proper Packaging Methods for prevention of damage during shipping
- 3) Module and/or Sieve Bed returns – the unit must be properly sealed with plugs and caps (i.e. – plug Tee on top of each sieve bed and cap both outlet ports on the valve assembly)

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

RA#	Confirmation#	Date:	Warranty	Yes or No

Disposition of Authorized Return Parts:

**ALL REQUESTED RETURN ITEMS MUST BE RECEIVED WITHIN 30 DAYS
OR YOU WILL BE BILLED A CORE CHARGE**