

---

Customer No.

---

Invoice No. / Return Reference No.

---

Company or practice name\*

---

Street address

---

Postcode and town

---

Email\*

---

Phone No.\*

---

Device

---

Serial No.

Description of fault

Do you require a replacement device / loan device?

Yes

No

### Do you have any further questions?

Our medical technicians will be happy to help.  
Email: [medizintechnik@praxisdienst.de](mailto:medizintechnik@praxisdienst.de)  
Phone: +49 6502 91 69 35

Dieckhoff & Ratschow Praxisdienst GmbH & Co.KG  
Trierer Straße 43-47  
D-54340 Longuich, Germany