

Complaint Form

Sender/Return Address

Medealis GmbH	Phone: ++49/ (0)6207 2032 597
Im Steinbühl 9	Fax: ++49/ (0)6207 2032 599
69518 Abtsteinach	office@medealis.de
Germany	www.medealis.de

Compl.-Nr.:	
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Please return the defective abutment/component cleaned together with the completed form. Please label one form per abutment/component. Otherwise we will not be able to process your complaint.

Data of the defective abutment/component

Customer Number:	
Contact Person and Phone Nr.:	
Article Number:	
Lot Nummer:	
Date of Defect:	
Type of Supply	
Region in which the defective abutment/component was used:	
Suspected cause:	
Description of the complaint:	

Date and Place

Laboratory stamp/practice stamp