

CUSTOMER SERVICE FORM

LM

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Please fill in and return to service@lm-dental.com in order to receive **RMA number**.

All product returns to LM-Instruments Oy, Return team, Norrbyn rantatie 8, FI-21600 Parainen, Finland

Customer identification

Dealer name	Contact person	Date
Phone	Address	
Email	Fax	

Practice name	Contact person	Date of Purchase <input type="checkbox"/> Copy of invoice attached
Phone	Address	
Email	Fax	

List of products for return

Quantity	Product / Part name	Item code and serial no (for equipment)

- For repair or replacement under warranty
- For credit under warranty (replacement has already been provided to end customer).
Invoice number: _____ (Customer Service Form submission within 14 days of invoice date.)
- For repair outside warranty
- Contact with charge estimate before proceeding any repairs / replacements outside warranty.
- I declare that instruments have been autoclaved and sterilized before shipping (statutory).
Name: _____ Signature: _____

Reason for product return/complaint/request (obligatory)

Description	Please be specific! The Error Code and Cause Code must be provided for equipment (scalars, air polishers and sharpeners as well as their parts).
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For company use only

RMA-Number