# Customer complaint form

Reference number
LASAK internal use only

Please, **complete this form** and send it us.

## A) CUSTOMER INFORMATION

Customer details:

Facility name: _____

Clinician name: _____

Contact phone: _____

Contact e-mail: _____

Address:

Address: _____

City: _____

Country: _____

Post: _____

## B) PRODUCT INFORMATION

Product name: _____ Lot No.: _____

Ref. No.: _____ Quantity: _____

## C) DESCRIPTION OF THE DEFECT

Description of claimed event, including the results of any evaluations, if any: _____

Has the product been used?
☐ Yes ☐ No

Has the product been modified?
☐ Yes ☐ No If yes, how? _____

## D) SUBMISSION INFORMATION

**We would like to thank you for your feedback and we kindly ask you to send the completed form together with the returned items.**

- All returned items must be **sterilized** and **marked sterile**.
- Returned items must be shipped in **protective packaging** using a method that allows for shipment tracking.
- Details of treatment records, relevant X-ray (OPG, CT) before and after operation, after loading, before and after failure, including photographic documentation must be delivered to LASAK with this form (if applicable).
- All information must be translated into English.

Send shipment to:
LASAK s.r.o.
Českobrodská 1047/46
Hloubětín, 190 00 Prague 9
Czech Republic
E-mail.: guarantee@lasak.com

Questions:
Phone: +420 224 315 663
E-mail: guarantee@lasak.com

## E) SIGNATURE

Signature: _____ Date: _____