



For everyone

Calibration **booking form**

Device **information**

Make	Model
Serial No.	Device type e.g. audiometer
Service request	<input type="checkbox"/> Calibration <input type="checkbox"/> Repair <input type="checkbox"/> Calibration & repair
Fault description	

Contact **information**

First name	Last name
Department	Company
Email	Phone


Shipping **information**

Address	
Postcode	Country

Billing **information** (if different from contact information)

Address	
Postcode	Country
Email	Phone

Please email your completed returns form to support@amplivox.com. When we have received your request we will issue you with an RMA number. Once in receipt of the RMA number, please include this on the shipping label (see page 2) when sending us your instrument.

 **IMPORTANT:** Please back up and remove all data from your device before sending it to us. If your device contains personal data, you are responsible for any disclosure. Amplivox will delete any data found on the device without notice.

Shipping **label**

Please insert your RMA No. in the box below, print this label and affix to the box when returning your device for calibration.



For everyone

Amplivox Ltd

DGS Diagnostics Sp. z o.o.
Service Team - Amplivox Ltd
Ul. Rosówek 43
72-001 Kolbaskowo
Polska/Poland

Insert RMA No.

**MEDICAL EQUIPMENT
PLEASE HANDLE WITH CARE**



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