

**IMPORTANT:**

- Confirm on this form instrument is cleaned and sterilized before returning.
- Warranty can only be granted with attached invoice copy.
- Email the completed form to [repairs@max-more.com](mailto:repairs@max-more.com) before shipment for approval.
- Please add a printed form inside the shipment.

<b>Company:</b>		<b>Phone:</b>	
<b>Address:</b>		<b>Country:</b>	
<b>Contact person:</b>		<b>E-Mail:</b>	

**Please mail all return/repair items to the following address:**

Hoogland Spine Products GmbH  
Logistic Department  
Neu Zeilsheim 34a  
D-65931 Frankfurt am Main, Germany  
Phone: +49 (0) 69 300 88 30 28

**Please cross what is applied**

- ☐ Warranty repair, only possible with attached invoice copy
- ☐ Regular repair with quotation
- ☐ Return request of original packed goods: e. g. in case of wrong orders, wrong delivered item, etc.
- ☐ Sending Samples

**Please note:** The warranty is only acknowledged after an inspection of the goods. Improper handling of the device will void the warranty. In this case, you will receive a quote.

**We confirm that the returned instruments are free from contamination and have been cleaned, disinfected, and sterilized prior their return shipment.**

Hoogland Spine Products reserves the right to return contaminated products at the customer expense.

\_\_\_\_\_  
Signature customer (NAME IN LETTER)

\_\_\_\_\_  
Date (DD/MM/YYYY)

HSP Item-Code	Invoice / Delivery number	Lot number

**\*\*\*Please note for each instrument an RMA form must be completed\*\*\***

Reason for return	
<input type="checkbox"/> Instrument broke due to normal usage	<input type="checkbox"/> no information available on how instrument broke
<input type="checkbox"/> Instrument broke due to sterilization	<input type="checkbox"/> Instrument was never used before.
<input type="checkbox"/> no information available on how instrument broke	
<input type="checkbox"/> Instrument broke during surgery and the patients' health was at significant risk. If yes, what is the nature of the injury (incl. details of the injured person)? Add attachments if necessary	
<input type="checkbox"/> other – please explain detailed:	

In case of a complaint, how would you like to handle the process.		
<input type="checkbox"/> Credit Note	<input type="checkbox"/> Replacement delivery	<input type="checkbox"/> Repair

To be filled in by Hoogland Spine Products GmbH:

**Approval by Hoogland Spine Products**

\_\_\_\_\_  
Signature (NAME IN LETTER)

\_\_\_\_\_  
Date (DD/MM/YYYY)