



Machine Returns Form

Please ensure that the decontamination or exemption certificate (whereas applicable) is also complete and attached with this form outside the packaging.

No returns will be authorised unless completed certification is received.

Returns Number:

Company Name:

Contact Name:

Tel:

E-mail:

Company Address:

Machine Type:

Serial Number:

Reported problems:

Office Use Only

Return Authorised:

Returns Number verified:

Date:

Return Address

FAO: Service Department, Medisafe UK Ltd, Twyford Road, Bishops Stortford, Herts, CM23 3LJ
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