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**With this form, complaints about medical products are reported to Renfert GmbH, Untere Giesswiesen 2, 78247 Hilzingen, Germany. Please send the completed form by e-mail to** **support@renfert.de** **or by Fax to +49 (0)7731 8208-679.**

**Item Code (See type plate on the device)** Click here to enter text

**Serial Number (See type plate on the device)** Click here to enter text

|  |  |
| --- | --- |
| **Contact details of the dealer**Name: Click here to enter text  |  |
| Contact: Click here to enter text |  |
| E-Mail: Click here to enter text |  |
| Telephone: Click here to enter text |  |
| Fax: Click here to enter text |  |

|  |  |
| --- | --- |
| **Contact details of the dentist / dental technician**Name: Click here to enter text |  |
| Postal Address: Click here to enter text |  |
| E-Mail: Click here to enter text |  |
| Telephone: Click here to enter text |  |
| Fax: Click here to enter text  |  |

Detailed fault description:

Click here to enter text

Damage to property / Personal injury?

No [ ]

Yes [ ]  (Please inform immediately Renfert Germany)

**Description of the damage or injury**

Click here to enter text

**In consultation with Renfert, the device may need to be analyzed. Please do not dispose of the device before the case has been closed.**

Date: Click her to enter