

CORK MEDICAL PRODUCTS - RMA REQUEST FORM

8000 Castleway Drive, Indianapolis, IN 46250, Tel: 866-551-2580

return@corkmedical.com

SUBMITTED BY: _____

DATE: _____

DEVICE / PRODUCT NAME: _____

SERIAL NUMBER: _____

QUANTITY FOR RETURN: _____

DEALER NAME: (if applicable) _____

INJURY TO PATIENT: ____ Yes ____ No

(If yes, please provide more information via the Customer Complaint Form. The form will open in a new browser window upon selection.)

REASON FOR REQUEST: *(please check all that apply)*

NPWT:

- Battery Replacement or Repair
- Button Malfunction
- Broken or Damaged Casing
- Dropped
- LCD Screen Issue / Damage
- Powerport Issue / Damage
- Request Preventative Maintenance
- Request Software Update

EBA Mattress:

- Alarming
- Button Malfunction
- Broken or Damaged Casing
- Dropped Pump
- Mattress Not Holding Air
- Power Unit Issue

Additional Information: Please provide any further information that may be valuable for diagnostics.

***PLEASE ENSURE EQUIPMENT IS CLEAN PRIOR TO SENDING BACK.**