

1. Reason for Request

Service: Adjustment, repair etc. Please fill in section 3a below **Complaint:** Warranty, error, etc. Please fill in section 3b below

Please fill in all relevant fields to ensure a smooth and quick service process.

2. Contact information, order reference & list of items

Date	Dealer	Contact person
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Customer family name	Customer first name	MOnet# (Invoice# if MOnet# is not available)
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Item(s) sent for service

<input type="checkbox"/> Flip-up loupe:	<input type="checkbox"/> TTL-loupes	<input type="checkbox"/> PrismSpec	<input type="checkbox"/> Light (if not 100% sure what the problem is, include all accessories)	<input type="checkbox"/> Other (Please specify)
<input type="checkbox"/> VinKep loupes	<input type="checkbox"/> KepLite loupes	<input type="checkbox"/> ProSpec		

3a - Information about needed service, adjustment or repair

Describe the problem / issue / needed service:	Additional information:
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If damaged Flip-up loupe: The customer is aware that the loupes might break when being repaired and in that case, accepts to pay for a new pair.

3b - Description of complaint

Reason for Complaint: The product is broken or malfunctioning → Please fill in the form below
 The user can't use it or feel discomfort → Please fill in the trouble shooting form

1 Describe the problem:	3 Was there a patient close by that could have been affected by the problem? Please describe.
2 In what situation did the problem occur?	4 Was the user or a third party (e.g. patient) injured or harmed?

Additional questions

1 How and where has the solution been stored during off-work hours?	3 Which cleaning agent has been used on the system (brand and model)?
2 How often has the solution been cleaned?	4 If a flip-up loupe fall has fallen off: How has the flip-up loupe been detached (and attached) during normal use?

Send products together with this form to:

Optergo AB
Furuhällsvägen 1
435 44 Mölnlycke
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If you have questions, please contact us:

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