


# DOK-52 RESHIPMENT FORM

PLEASE RETURN ONLY REPROCESSED GOODS!

 best medical GmbH  
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D-78576 Emmingen-Liptingen  
Fon: +49 (0) 7467 910590-0  
Fax: +49 (0) 7467 910590-20  
Mail: [info@bestmedical.biz](mailto:info@bestmedical.biz)  
[www.bestforsurgery.com](http://www.bestforsurgery.com)

Dear values customer,

in case of a return, please send this form completely filled out in advance to the following e-mail address [info@bestmedical.biz](mailto:info@bestmedical.biz) and then attach this form to the **outside** of the package. Thanks a lot.

## 1. Company:

Company name:	<input type="text"/>	Contact person:	<input type="text"/>
Street:	<input type="text"/>	Phone:	<input type="text"/>
ZIP/City:	<input type="text"/>	E-Mail:	<input type="text"/>

2. Are the products still originally packed and unused?  Yes  No

3. Have the products been used?  Yes  No

If you have already used the products, please ensure that the products have been reprocessed before returning them and fill in the following **decontamination proof!** Products that have not been reconditioned will be returned to you unopened and freight collect. In the event of non-compliance, you will be held responsible for any damage.

### Decontamination proof

Cleaning and disinfection acc. to DIN EN ISO 15883

Optional: Sterilization acc. DIN EN ISO 17665

\_\_\_\_\_  
**Date, signature for proof of decontamination**

We hereby confirm the proper cleaning, disinfection and optional sterilization according our national standards and guidelines.

## 4. Why are you returning products?

4.1  Reportable incident acc. to MPSV § 3

Medizinprodukte-Sicherheitsplanverordnung MPSV: [www.gesetze-im-internet.de/bundesrecht/mpsv/gesamt.pdf](http://www.gesetze-im-internet.de/bundesrecht/mpsv/gesamt.pdf)

If you have marked this point, further information is mandatory and must be provided immediately.  
Please contact us immediately by e-mail to [meldung@bestmedical.biz](mailto:meldung@bestmedical.biz).

4.2  Wrong delivery (please complete points 5 and 6)

4.3  Complaint (please complete points 5 and 6)

4.4  Repair (please complete point 7)

4.5  Sample shipment or other reason for return (please explain)

City:

Date:

Stamp: \_\_\_\_\_

Signature: \_\_\_\_\_

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Fax: +49 (0) 7467 910590-20  
Mail: info@bestmedical.biz  
www.bestforsurgery.com

## 5. Product specifications:

Item-no.	Item-description	LOT/Serial-no.	Quantity	Invoice-no.	Delivery-no.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 6. Reason of return:

- The goods have been wrongly ordered from customer (please explain).
- The goods have been wrongly marked (please explain).
- The goods do not correspond according to the best medical product catalogues.
- The goods have not been used properly from operator.
- The goods are defective.
- Sample shipment or other reason for return (please explain).

Internal note: \_\_\_\_\_

## 7. Information for repair:

Alternatively you are welcome to send your own repair report.

Item-no.	Item-description	LOT/Serial-no.	Quantity	Invoice-no.	Delivery-no.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Corrective action:

- Instruments have to be repaired with costs as offered.
- Estimation of costs have to be issued.
- If instruments are not repairable, please offer exchange (if available in the best medical GmbH product portfolio).
- Bei nicht reparablen Instrumenten Ersatz liefern zu vereinbarten Konditionen (if available in the best medical product portfolio).
- Others (please explain)