

# Repair request form

**Delivery address:**

orangedental GmbH & Co. KG  
Aspachstraße 11  
88400 Biberach  
Tel.: +49 (0) 73 51 . 474 99 . 0  
Fax.: +49 (0) 73 51 . 474 99 . 44  
reparatur@orangedental.de

Date of receipt

RMA No. (Activity) \_\_\_\_\_  
(if available from orangedental)

Sender: \_\_\_\_\_

Contact person: \_\_\_\_\_

Street \_\_\_\_\_

Postcode, town: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Dealer: \_\_\_\_\_

Model: \_\_\_\_\_

Serial number: \_\_\_\_\_

Accessories: \_\_\_\_\_

Desired repair / Error description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please send us the complete system, as this is the only way we can determine the source of the error and fix it. Thank you very much!**  
(Ex.: Battery + light system (must be disassembled from glasses.))

- Repair with estimate of cost (If you wish a repair with estimate of cost and decide after this against the repair, we will charge you € 50 plus VAT for the processing.)
- Repair without estimate of cost until \_\_\_\_\_ € (If the repair exceeds the amount, we will provide you with an estimate. If you decide against the repair, we will charge you € 50 plus VAT for the processing.)

For shipments from Switzerland, a pro forma invoice must be enclosed and cleared through customs.

Date: \_\_\_\_\_

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