J2S MEDICAL

Return Authorization

www.J2SMedical.com

Return Devices To	***J2S Medical*** ***10084 East Kemper Road Suite#2*** ***Loveland, OH 45140***	***(844) DIAL J2S***

Date		***Sales Representative***	
Customer		***Mkt Segment***	
Customer Address		***Labor***	
		Contact with Estimate?	
Contact		***Customer PO***	
Fax/email		***Ship Via***	
Phone Number			
Return Authorization #			

Device OEM/Model	***Description of Problem***	***Serial Number***	***Warranty***
	PLEASE INCLUDE ALL		
	ACCESSORIES FOR TESTING		
	ALONG WITH YOUR DEVICE(S)		
Notes:	***Yearly Inspection.***		
	Confirm unit is working properly		
	per manufacturer specifications		

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Thank you for choosing J2S Medical