



CPI MEDICAL PRODUCTS RETURN AUTHORIZATION REQUEST

Customer Name: _____ Date: _____

Contact Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Please indicate which part is being returned:

Generator Serial Number: _____

Console Serial Number: _____

Touch Screen Serial Number: _____

High Voltage Tank Serial Number: _____

Assembly Serial Number: _____

Description of part to be returned and reason for return: _____

PLEASE FAX THIS FORM TO KEITH ELLIOTT: +1 (905) 877-8320 or

Email to: CANMarketing@cpii.com or

Call 1-888-CPI-XRAY (1-888-274-9729) for more information.