

**ATTENTION CUSTOMER: Please fax this form to NAI at the fax number below to obtain a Return Authorization number.
FAX to: NORTH AMERICAN IMAGING, Customer Service Returns Department – Fax (805) 383-2212**

IMAGE INTENSIFIER TUBE SERVICE REPORT

Date: _____ Attention: _____ Return Authorization Number: _____

In order to expedite your return, please fill out the form completely. This will enable our Quality Department to make a complete evaluation of the reported problem. After our evaluation is complete we will advise you of our findings.

WARRANTY ADJUSTMENTS WILL NOT BE POSSIBLE UNLESS THIS TUBE SERVICE REPORT IS COMPLETELY FILLED IN AND RETURNED WITH THE CORRECT TUBE AND AN AUTHORIZATION NUMBER HAS BEEN PROVIDED.

RETURN INFORMATION:

A. Image Intensifier Tube

Type Number: _____ Serial Number: _____
Date Received: _____ Date Installed: _____

B. Equipment Information

What is I.I. used for? Please check:

- ? Only TV fluoroscopy
- ? TV fluoroscopy and photofluorography
- ? Other: What? _____

I.I. Power Supply Maker: _____

I.I. objective lens Focal distance: f: _____ mm

Relative aperture: F: _____

Camera Tube: Maker: _____

Type Number: _____

Spot Camera (Please mark) nothing / 70mm / 105mm / _____ mm

C. Claimed information (if the I.I. is defective)

Date failed or rejected: _____

What state was tube failure found at in your test procedure? Please check:

- ? At the initial test upon receipt
- ? On installation into X-Ray System
- ? On operating in hospital

Item	Term	Detail Description
Screen Defects		
Electrical Defects		
Dimensional Defects		
Other Defects		

REPLACEMENT TUBE INFORMATION – IMPORTANT – PLEASE FILL OUT COMPLETELY!

Replacement Tube: _____ Insert Model: _____ S/N: _____

Replacement PO Number: _____

Additional Comments: _____

Person Filing Report _____

Print Name Telephone Fax Number Email Address

Dealer / OEM: Name: _____

Address: _____

City / State / Zip / Country: _____

PLEASE SHIP RETURN TO: ? North American Imaging ? 7627 Hull Street UNIT C ? Richmond, VA 23235 USA

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