

Customer Alert Product Recall Form

Customer Information

PM Account# _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

Email: _____ Fax: _____

Dealer Purchased from: _____

I have read and fully understand the Customer Alert Product Recall letter regarding the Precision Medical Easy Go Vac Aspirator charger part number 503974.

I have identified the following chargers that need to be replaced:

Easy Go Vac Serial Number	Charger Serial Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Additional charges may be listed on a separate sheet.

Upon receipt of this form, Precision Medical will send you replacements for the chargers you listed above. Included with the replacement chargers will be a Return Goods Authorization. The Return Goods Authorization should be used as a packing slip when sending back the effected chargers. The recall policy requires Precision Medical to remove the affected chargers from the field as soon as possible. The receipt of all your defective chargers will complete your recall notice.

Contact Signature

Date

Please fax this completed form to 610-262-9554

Or mail to:
Precision Medical Inc
Charger Recall
300 Held Dr
Northampton Pa 18067