

## Customer Number <br> Company Name

Lab Contact
Phone

Email
$\qquad$
$\qquad$
$\qquad$

## Date

## METHOD OF PAYMENT

Purchase Order PO\#

## Purchasing Contact

## Phone

Email

Credit Card Payment $\quad \square$ Prepaid Exchanges (Visa, Mastercard, or American Express)

DSI Quote \#
(if DSI Quote was provided)
Please send DSI Customer a copy of the Purchase Order via fax or email.
Credit Card Orders information should be called into DSI Customer Service

| Quantity | Model Name | Serial <br> Number | Months Implanted | Serial <br> Number | Months Implanted | Serial Number | Months Implanted |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |
| Catheter Length |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Quantity | Model Name | Serial Number | Months Implanted | Serial <br> Number | Months Implanted | Serial <br> Number | Months Implanted |
|  |  |  |  |  |  |  |  |
| Catheter Length |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

## Shipping Instructions:

1) Product must be sterilized prior to being returned. 2) Include this form in the shipping container. Keep a copy for your records.
2) Cushion well or return in original package.
3) Ship to:

DSI
$11914^{\text {th }}$ Street NW Suite 100 St. Paul, MN 55112 USA 800-262-9687
5) Do not send via standard mail delivery service.
** Any Implants and Transmitters that did not perform properly, regardless of age or condition, need to be returned through the Case process. Please contact Technical Services for a Product Investigation Form at support@datasci.com. **

Special Instructions:

## Return Shipment Delivery Instructions

S \& H Charges are paid by DSI and Added to my Invoice (DSI uses UPS Services)Use my Freight Account

$\square$ FedEx
Charge to Account


International Priority $\square$

