

DSI Exchange Form International Use Only

Customer Number		Date						
Company Name						_		
Lab Contact		Purchasing Contact						
Phone		Phone						
Email					Email			
				OF PAYMI	ENT		_	
Purchase Order PO#		Credit Card Payment Prepaid Exchanges (Visa, Mastercard, or American Express)						
					DSI Quote	#	(if DSI Ou	ote was provided)
Please send DSI Custome							(II DSI Qu	ote was provided)
Credit Card Orders inform	mation shoul	ld be cal	led into DSI	Customer Sei	rvice			
Quantity	Model Na	ame	Serial Number	Months Implanted	Serial Number	Months Implanted	Serial Number	Months Implanted
Catheter Length		-						
Quantity Model Name		ame	Serial Number	Months Implanted	Serial Number	Months Implanted	Serial 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 co for your records. 3) Cushion well or return in original package. 4) Ship to:	** 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:						
DSI 119 14 th Street NW Suite 100 St. Paul, MN 55112 USA 800-262-9687		Return Shipment Delivery Instructions S & H Charges are paid by DSI and Added to my Invoice (DSI uses UPS Services) Use my Freight Account UPS FedEx						
5) Do not send via standard mail delivery service.	rd Charge to Account							
00/5/0 001 Ray 06			nt Service Re ternational Pr		International	Fconomy		