



DSI Exchange Form

Customer Number _____ Date _____

Company Name _____

Lab Contact
Phone _____
Email _____

Purchasing Contact
Phone _____
Email _____

METHOD OF PAYMENT

Purchase Order
PO# _____

Credit Card Payment
(Visa, Mastercard, or American Express)

Prepaid Exchanges
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 Number	Months Implanted	Serial Number	Months Implanted	Serial Number	Months Implanted
Catheter							
Length	_____						

Quantity	Model Name	Serial Number	Months Implanted	Serial Number	Months Implanted	Serial Number	Months Implanted
Catheter							
Length	_____						

**** 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 UPS FedEx

Charge to Account _____

Shipment Service Requested

Next Day AM Next Day PM 2-Day Ground

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.
- 3) Cushion well or return in original package.
- 4) Ship to:
DSI
119 14th Street NW
Suite 100
St. Paul, MN 55112 USA
800-262-9687
- 5) Do not send via standard mail delivery service.