



DSI Exchange Form

Customer Number _____ **Date** _____
Company Name _____
Lab Contact _____ **Purchasing Contact** _____
Phone _____ **Phone** _____
Email _____ **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 Client Services a copy of the Purchase Order via fax or email.
 For Credit Card Orders DSI Client Services will contact Purchase Contact to obtain card information upon receipt of returning implants.

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	_____						

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.

**** Any implants 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