

Repair notes for loupes



Dear Business Partner,
Please fill in this form completely and add this to your retour / repair shipment. If you send more than one item please add one note per repair case.

Invoice address	Delivery address (only when different from invoice address)
Name	Name
Street	Street
Postal code / City / Country	Postal code / City / Country
Phone	Phone
Email	Email

Customer Number (5 digits): _____

Owner of the loupe: _____

Product data: _____

Description

- | | |
|--|--|
| <input type="checkbox"/> Ocular fell out of the shield <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Shield broken <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Frame front broken | <input type="checkbox"/> Ocular moist or damaged <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Temple broken <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Temple logo broken <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Nose bridge broken | <input type="checkbox"/> Hinge broken <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Correction clip defect | <input type="checkbox"/> Clip / Clip holder loosened |

Comment:

Cost approval: Any repair work **up to a net amount of € 210,- will be done immediately** without prior consulting, unless otherwise specified under "Authorization"

Authorization up to € _____ net

Shipping instruction:

If your customer uses a correction-clip please add it to the shipment!

Please pack all items well to avoid any transportation damages!

Please send light only with loupe if repair is necessary!

Place / Date

starMed GmbH & Co. KG

Am Schammacher Feld 19

85567 Grafing b. München

www.starmed-technik.de

We will use your data only in compliance to our privacy policy which can be found on <https://www.starmed-technik.de/en/privacy-policy/>

Signature

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