

# Complaint form

Fill out the form and email it to [kundeservice@mwiah.no](mailto:kundeservice@mwiah.no). Do not dispose of the product while the case is ongoing.

We will get back to you with further instructions.

Customer number

Invoice/Order number

Clinic name/Company name

Date

| Item number | Quantity | Item description | Serial/Batch number |
|-------------|----------|------------------|---------------------|
|             |          |                  |                     |
|             |          |                  |                     |
|             |          |                  |                     |

Please also attach photos when you submit the form. Note that we cannot process complaints without photographic evidence.

Please provide a detailed description of the reason for your complaint.

Complaint submitted by

Name

Date

Phone