

Adroit Medical Systems, Inc.

Form #	Form Title	Revision #
OP-09-WI-02-F01	HTP-1500 Product Return Form	A - 04.20.26

Section I - To Be Completed by Customer (One Form per Serial Number)

Facility Name:		Date:
Contact Name:		
Contact Email:	Contact Phone:	
Address:		
City:	State:	Zip Code:
Serial Number:		
<i>Serial number of HTP-1500 is located on a silver tamper proof label on the bottom of the unit.</i>		

Detailed Description of Reason for Return:

Section II - Shipping Instructions

<ol style="list-style-type: none"> 1. Empty water out of reservoir. 2. Clean and disinfect the unit. 3. Properly package to ensure protection during shipment. Adroit will not be held responsible for damages caused by improper packaging. 4. Place a copy of this form in the package and retain a copy for your records. 5. Return to Adroit Medical Systems via desired shipping method. 	Adroit Medical Systems, Inc. Attention: Pump Repair 1146 Carding Machine Road Loudon, TN 37774 Email: repairs@adroitmedical.com Phone: 865-458-8600
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Section III - Internal Use Only

Date Received:	Received By (Initials):	
Repairs Made and/or Parts Replaced:		
Total Repair Cost (\$0 if warranty):	Parts Repair Cost:	Labor Repair Cost:
Repaired By:		Date:
Comments:		

Return Tracking Information: