



Medray Imaging Systems,
Unit B5, Clonlara Avauue
Baldonnell Business Park
Dublin 22

Ph: 01 466 3773
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Returns Form

Customer Name: _____

Customer Account Number: _____

Returned By: Sales Rep Courier Engineer

Sales Order Number: _____

Date Return Requested: _____

Date Returned to Warehouse: _____

Product Code	Description	Qty	Batch/Serial Number	Expiry Date	Condition

Reason for Return: _____

Further Action Required: _____

Customer Signature _____

Warehouse

Received By: _____

Checked By: _____

