

AMD LASERS RECOMMENDS CALIBRATION OF YOUR LASER EVERY 12 MONTHS



- ✦ READ AND COMPLETE THE RMA CHECKLIST.
- ✦ CONTACT CUSTOMER SERVICE FOR YOUR RMA#
+1 (866) 999-2635, option 2.
- ✦ WRITE THE RMA# ON YOUR RMA CHECKLIST AND ON THE OUTSIDE OF YOUR SHIPPING BOX.
- ✦ INCLUDE A COPY OF THE RMA CHECKLIST IN YOUR SHIPPING BOX.
Print your RMA# clearly on the outside of your box.
- ✦ DISCONNECT ALL ACCESSORIES AND PLACE FIBER IN A PLASTIC BAG.
Failure to disconnect all accessories could result in damage to your laser.
- ✦ CAREFULLY PACKAGE YOUR LASER.
Follow all recommended dental facility sterilization and decontamination procedures before returning product to AMD LASERS.
- ✦ SHIP YOUR PRODUCT TO:
AMD LASERS | 8925 N. Meridian St. Suite 250 | Indianapolis, IN 46260 | Attn: Service Dept.

AMD LASERS is not responsible for damaged/lost shipments.
We strongly recommend insuring your equipment when shipping and remember to record your tracking number.
You will be responsible for shipping and insurance costs to AMD LASERS.
AMD LASERS will pay for return shipping and insurance costs by UPS Ground.
- ✦ REPAIRS: Once we have evaluated your items, if repairs are needed, you will receive an updated quote with the repair costs included. Upon approval, repairs will be completed. Evaluation Fee \$95.00 per RMA. If the repair is declined, an Evaluation Fee of \$95.00 will be applied; however, if a replacement item and/or repair is purchased this Evaluation Fee will be waived.
- ✦ SPECIAL REQUESTS: Additional charges may be applied when the items are evaluated or if expedited shipping is requested.
- ✦ RETURNS: There is a 30 day, 15% restocking fee return policy. Product returns must be assigned an RMA #.
- ✦ QUESTIONS: contact the AMD LASERS Service Department at service@amdlasers.com.

RMA CHECKLIST

A COMPLETED RMA CHECKLIST MUST BE INCLUDED IN YOUR SHIPPING BOX

YOUR RETURN SHIPPING INFORMATION:

OFFICE NAME: _____

STREET: _____

CITY: _____

STATE/ZIP: _____

ATTN: _____

YOUR RMA#:

CONTACT NAME: _____

EMAIL: _____

PHONE: _____

MODEL / ITEM:

SERIAL#:

REPAIR

CALIBRATE

RETURN

EXCHANGE

Notes from Customer to our Technician:

Please list any Other items being sent than those requested

PLEASE USE CHECK BOXES
 TO PACK YOUR ITEM(S) BEING
 SENT TO AMD LASERS

LASER

FOOT SWITCH

POWER SUPPLY

FIBER

OTHER
 (ONLY IF REQUESTED BY AMD)

**INCOMING
 TECHNICIAN
 INSPECTION**