

Defect report form

This card must be returned to F care systems within 15 days after occurrence of a problem with the Viridex RF

F care systems NV

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I, undersigned (name and function)..... state that,
when using Viridex RF with serial number N° :, on
date to have experienced the following problem with the Viridex RF:

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NAME and SIGNATURE

STAMP

Telephone number:

Email: