

# FO Submission of X-ray unit for technical inspection



**Notice: All information are mandatory.** Further processing will be delayed in case of missing information. We take the liberty to charge a service fee of EUR 160.00 (net, EX WORKS Riesa) for the technical inspection and error analysis of your submitted X-ray unit, regardless of the results of the inspection.

By accepting the cost estimate, which we will issue after the inspection, to fix the occurred error or damage, the service fee will be waived and costs will be charged by the actual expense.

We kindly ask you to contact us via phone +49 (0) 35 25 – 51 24 0 in advance, so we might be able to fix the problem remotely.

For the time your X-ray unit is not available for you, we are happy to assist with a loaner unit.  
Just contact us!

**ATOMED X-Ray GmbH - Am Südspeicher 4; D- 01587 Riesa (GERMANY) / info@atomed.com**

| 1. General Data   |                                 |   |
|---|---------------------------------|---|
| Customer / Practice (customer number):  | <input type="text"/>            |   |
| Distribution partner:   | <input type="text"/>            |   |
| Contact person:   | <input type="text"/>            |   |
| E-Mail address:   | <input type="text"/>            |   |
| Telephone number / Mobile number:   | <input type="text"/>            |   |
| X-ray type / Serial number:   | <input type="text"/>            |   |
| 2. Error description (Please tick as appropriate!)                                  | YES                             | NO  |
| Did the error occur one time only?  | <input type="checkbox"/>        | <input type="checkbox"/>                                |
| Does the error occur regularly / always?  | <input type="checkbox"/>        | <input type="checkbox"/>                                |
| When did the error occur the first time?  | <input type="text"/>            |   |
| Error / damage due to external influences?  | <input type="checkbox"/>        | <input type="checkbox"/>                                |
| Will this damage likely to be handled by someone's insurance?                       | <input type="checkbox"/>        | <input type="checkbox"/>                                |
| Does the error occur in combination with your digital system?                       | <input type="checkbox"/>        | <input type="checkbox"/>                                |
| What radiographical receiving systems are you working with?                         | <input type="checkbox"/> Analog | <input type="checkbox"/> CR <input type="checkbox"/> DR |
| What type of radiographical receiving system are you working with?                  | <input type="text"/>            |   |
| Has an error by the receiving system been excluded yet?                             | <input type="checkbox"/>        | <input type="checkbox"/>                                |
| 3. Please describe the error / damage shortly and clearly!                          |                                 |   |
| <i>e.g. Where and under which conditions did the error / damage occur / happen?</i> |                                 |   |
| <input type="text"/>  |                                 |   |

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| 4. Check list for the submission of the X-ray unit for technical inspection | YES                      |
|---|--------------------------|
| ATOMED X-ray unit   | <input type="checkbox"/> |
| Hand exposure switch / Foot exposure pedal                                  | <input type="checkbox"/> |
| Power cable   | <input type="checkbox"/> |
| Possibly connection cable DR / Trigger cable                                | <input type="checkbox"/> |
| Possibly additional technical supplies                                      | <input type="checkbox"/> |

**When sending in your devices, please ensure that the outer packaging is suitable and stable for transportation and that the interior space around the goods is adequately padded on all sides.**

We recommend that you insure the goods against transport damage for the value of the goods. If a repair is more complex and cost-intensive or no longer possible due to possible transport damage, the costs will be borne by you.

I agree that the distribution partner, mentioned above, will take care of the processing of this submission.

I hereby acknowledge that the fee of EUR 160.00 (EX WORKS Riesa) for the inspection of the X-ray unit will incur, regardless of the result of the inspection.

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Place and date

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Signature and stamp