



# Returns Materials Authorization

Must submit one form for each device  
Not valid for return without issued RMA #

For multiple devices use multiple pages  
Valid for return within 30 days of issue only

## Fax Form to 954-775-3538

### Company Information

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Username (If Requesting Data Retrieval): \_\_\_\_\_ Password: \_\_\_\_\_ Reading ID: \_\_\_\_\_

Type of Device: Ultra \_\_\_\_\_ Handheld \_\_\_\_\_ Freedom \_\_\_\_\_ CapOx \_\_\_\_\_ Serial #: \_\_\_\_\_

Describe Problem: Battery Issues \_\_\_\_\_ USB Issues \_\_\_\_\_ Display Issues \_\_\_\_\_ Error Codes \_\_\_\_\_ Broken Probe \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### VirtuOx Section

RMA #: \_\_\_\_\_ RMA Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Device Checked: \_\_\_\_\_

Device Problem: Battery Issues \_\_\_\_\_ USB Issues \_\_\_\_\_ Display Issues \_\_\_\_\_ Error Codes \_\_\_\_\_ Broken Probe \_\_\_\_\_

## Actions Taken

Replacement Device Shipped    Device Serial #: \_\_\_\_\_    Date Device Shipped from VirtuOx: \_\_\_\_\_

New Device Shipped

Fixed Button/Cabinet

Nothing Wrong with Device

Able to Upload - Yes  No     Amount of Data Uploaded: HRS: \_\_\_\_\_ MINS: \_\_\_\_\_ SECS: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

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