

Healthcare Information, LLC

RETURN AUTHORIZATION

all returned items must be insured

All information must be complete in order to be assigned a Return Authorization number. Non-warranty repairs require a purchase order.

P.O. # _____

BILL TO:

SHIP TO: (if different than Bill To)

Company Name _____

Company Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Telephone _____

Telephone _____

Fax _____

Fax _____

Contact Name _____

Items are being returned for (check one): Repair Replacement

HCI Model #

HCI Serial #

Problem(s)

Completed form must be faxed to 513.271.8108

Note: You will receive a Return Authorization number via fax. Please include a copy of this form with all shipments and reference RA# on the shipping label or box.

Return product to:

HCI
113 Commerce Blvd.
Loveland, OH 45140
Phone: 513.271.8100

Return Authorization Number (RA #)
