



Customer complaint form

City and Date:

Clinic/Hospital:

Name of Doctor/Surgeon:

Address:

Observation:

Date of observation:

Circumstances

Product name:

Model number:Lot/Batch:

Type of observation: Product:Packaging:Logistic:Adverse event:

Other observation please fill in :

Description of the default / observation:

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.....

Internal notes by V Soft Lift AB only:

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.....

Completed date:

By:

Signature:

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