

_	V	Α	<u>P</u>	0	R			Z	<u>E</u>	R		S	<u>E</u>	R	V		С	E	
	Clean & Calibration Service returning same vaporizer													Vaporizer Exchange for same model					
Vaporizer Model																			
				Vetla		D20			D19	3			Tec 5			F	Penlon		
Filler Type																			
				Key	Fill				Funr	nel Fill									
Agent																			
				Isofl	urar	ne			Se	voflura	ıne								
Vaporizer Serial Number																			
Only if Tec 4 or Tec 5:																			
				Le ^v	ver S ck	Style	9		Bo Lo	lt Style ck	9								
Shipping Information																			
Facility Name																			
Contact Person																			
Contact Email																			
Facility Phone Number																			
Facility Shipping Address																			
Facility Shipping City, State, Zip																			
Payment																			
	Check				Wire or EFT						Credit Card (Visa, MasterCard, AmEx) 3.5% transaction fee								
Check Number:					Bank Name						Call 866-476-0589 with card number. Provide last 4 Digits here for verification:								

Email completed form to vap@vetlandmedical.com or fax to 1-502-671-1019