Please send to:



ACTIVOMED GmbH, In der Marsch 15, 21358 Mechtersen

## Your consignment note to print out and fill in

Please tick appropriately:						
🗆 Repair	Cost estimate (Review flat rate 25 Euro)					
Exchange	□ Warranty					
□ Others						
Customer Data (Please fill in)						
Name / Company						
Contact Person						
Street and Number						
Postcode / City						
Country						
Phone number						
E-Mail						

## What do you send to us? Please tick:

	Blanket		Control Box		Battery Hoofboot		
	Legwraps		WLP				
	Charger		Transport Bag		Bag for control box		
	Others						
Serial Number, you can find it on the back side of the control Box S/N A06/00/0000): S/N A / /							
Error description:							

With my signature, I consent to my data being stored using EDP technology and stored at ACTIVOMED GmbH for further processing of this order. I can insist on the deletion of my data at any time.

Signature client