Repairs processing



Is your device defective?

Please fill in this form **before sending** your device. Thus, we have all the important data for a quick repair process. The original should be attached to your device.

Service \square yes \square no **Pickup of the device** (costs on demand) Erkodent Erich Kopp GmbH Siemensstr. 3 Please indicate opening hours ☐ yes ☐ no **Empty box** (costs depending on the device type) D-72285 Pfalzgrafenweiler In order to avoid additional costs due to a transport damage, the unit should be returned in its original box. info@erkodent.com Phone +49 7445 8501-0 Fax +49 7445 8501-15 Customer data Delivery address (if different) Name Contact person Street Other remarks Postal code, city and country Phone E-Mail Please always send the device completely with all accessories! Detailed error description Device information Device type Serial number Purchase date in case of warranty repairs (In case of warranty, there are no costs.) By completing and submitting this form, you agree to the storage and use of your personal data. You have the right to

revoke the consent given by you without giving any reason at any time with effect for the future. Further information can

Place, date, signature

be found under https://www.erkodent.de/en/data-privacy/