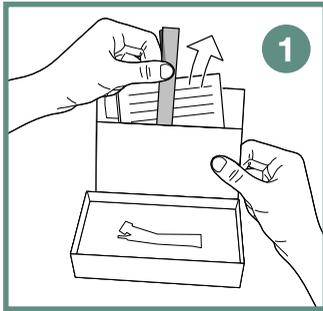
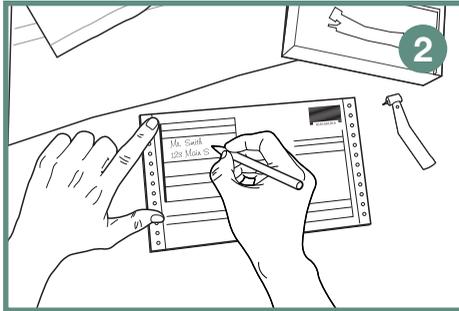


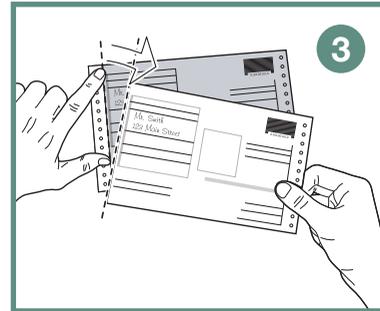
# SciCan STATIS™ Repair Form



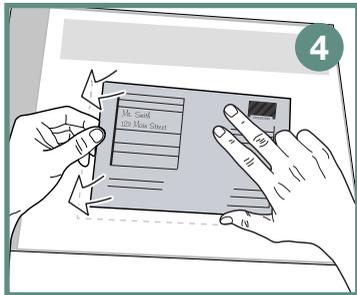
1 Remove the shipping documents and packaging from the handpiece box.



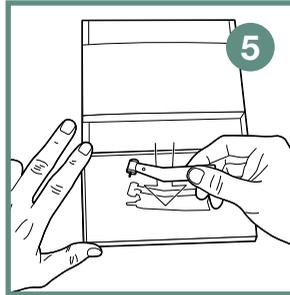
2 Complete the UPS form.



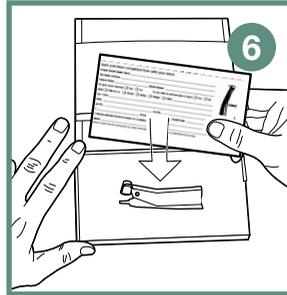
3 Detach the top copy of the UPS form and save for your records.



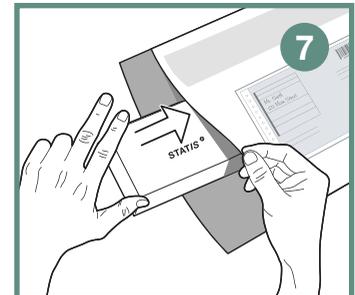
4 Attach the bottom copy to the exterior of the UPS packaging.



5 Place the handpiece inside the box.



6 Insert this form (below) into the handpiece box.



7 Insert handpiece box into the packaging.



8 Place additional copies of the UPS form on top of the package and call UPS for pick-up.

Contact UPS to  
schedule a pick up  
**1-800-742-5877**

50 YEARS OF  
INNOVATION  
1957-2007

**SciCan**

A HIGHER STANDARD

**PLEASE NOTE:** Please contact SciCan to obtain a Repair Authorization number. All warranty claims must be accompanied by a copy of the original purchase invoice from an authorized SciCan dealer. Save a copy of the shipping form for your records.

**Detach and return completed form with your return**

**Return Authorization #** \_\_\_\_\_ **SciCan: 1-888-632-6031**

Authorized SciCan Dealer Name: \_\_\_\_\_

SciCan Dealer Address: \_\_\_\_\_

Handpiece Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Is this repair under warranty:  Yes  No

Do you wish an estimate prior to repair:  Yes\*  No

\* If a repair estimate is required, this will delay the repair time.

Problem: \_\_\_\_\_

Doctor / Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_

I hereby authorize SciCan to repair my handpiece Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_



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