Encore Computer RMA Form

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Fn	CNY	ro
REHABIL	ITATION	INC.

DATE:	

Clinic #:		Employee Name:	
Clinic Phone #:		Email:	
Computer #	Problem Description		
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RMA Instructions:

- 1: Please completely fill out the information above and put in box
- 2: We will send you a shipping label and schedule a pickup if requested.
- 3: Carefully package items to prevent damage while in transit.