



Return Material Authorization (RMA) Form

Must submit one form for each device

For multiple devices use multiple pages

Not valid for return without an issued RMA Number

Valid for return within 30 days of an issued RMA Number

Fax Form to 954-775-3538

Company Information

Company Name: _____ Contact: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone #: _____ Fax #: _____

Username (If Requesting Data Retrieval): _____ Password: _____ Reading ID: _____

Type of Device: Ultra Handheld Freedom CapOx ViTAL Dream VeriSleep

VirtuTrack VirtuCLEAN V Probes Serial #: _____

Describe Problem: Battery Issues USB Issues Display Issues Error Codes Broken Probe

Additional Information: _____

VirtuOx Section

RMA #: _____ RMA Date: _____

Employee Name: _____ Date Received: _____ Date Device Checked: _____

Device Problem: Battery Issues USB Issues Display Issues Error Codes Broken Probe

Actions Taken

Replacement Device Shipped Device Serial #: _____ Date Device Shipped from VirtuOx: _____

New Device Shipped

Fixed Button/Cabinet

Nothing Wrong with Device

Able to Upload - Yes No Amount of Data Uploaded: HRS: _____ MINS: _____ SECS: _____

Comments: _____

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