Careray Digital Medical System Co., Ltd
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Product Replacement Request Form

No.

Customer Name:			
Contacts:		Contact Number:	
Product Model:		Product ID:	
Date:		Remarks:	
Customer's Country:		End-user's Country:	
Application Field:	☐ Human Medical ☐ Veterinary ☐ Other (Please specify)		

Reason For Replacement

➢ **Image issues**

- ☐ Bad pixel(s)
- ☐ Bad pixel cluster
- ☐ Bad line(s)
- ☐ Bad Field (continuous bad lines)

Notice: *Please label the abnormal pixels In the diagram on the right-hand side*

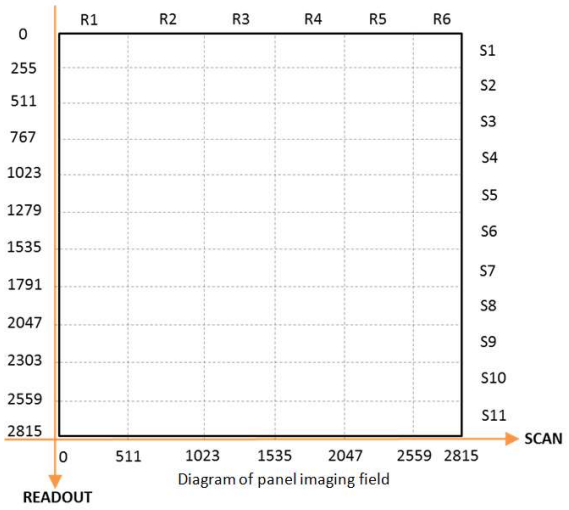

Diagram of panel imaging field

➢ **I/O issues**

- ☐ A malfunction of the power supply (unable to power on)
- ☐ Poor network connection
- ☐ A malfunction of the hard sync circuit

➢ **Others**

- ☐ Damaged firmware
- ☐ Abnormal working temperature
- ☐ Accessories

(Optional) Description:

Stop here! The following information will completed by CareRay.

Business Confirmation:	If this issue is covered by the warranty terms : ☐ Yes ☐No ☐Others (Please specify)			
	Approved by :		Date :	
Suggestion From Customer Service:				
	Handled by :		Approved by :	
Maintenance Record:				
	Handled by :		Approved by :	
Suggestion From Quality Department:				
	Handled by :		Approved by :	