



DISLOCATION WARRANTY

OASIS® Medical Inc. guarantees full replacement for any OASIS Soft Plug® that becomes dislocated **within thirty (30) days** of initial insertion.

GUIDELINES FOR RECEIVING REPLACEMENTS ARE:

- The dislocation form must be faxed or emailed by the practice to OASIS® Medical, Inc. within thirty (30) days of insertion.
- Replacements will be included in the customer's next order.
- If replacements are needed sooner, a \$10 freight charge will apply. Please contact Customer Service for further assistance at 844-820-8940.

REQUIRED INFORMATION

OASIS® Medical, Inc. Customer Account #: _____

Facility Name: _____

Doctor's Name: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Date of original insertion: _____

Original Plug: REF#/Size: _____ Lot #: _____

Date dislocation occurred: _____

Replacement Plug: REF#/Size: _____

Patient's name: _____

Fax or Email back to Customer Service at:

- **(800) 631-7210**
- **customerservice@oasismedical.com**

Physician's Signature: _____ Date: _____

514 S. Vermont Ave. • Glendora, CA 91741
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www.oasismedical.com

