



If you have to return a stimulator please use the labels below and write any other comments on the back of the label. Put the stimulator and return form in a freezer bag, before placing in a protective envelope for posting.

Stimulator Service or Return Form

Outreach Clinics

Patient Id here

Clinician:

Date:

Device DOES / DOES NOT have a fault.

For REPAIR / RETURN (TO STOCK)
Circle appropriate box(es)

Equipment:

Pace	Pace XI	WFS Module	MS2
O2CH	O4CH	ODFS 3	Other

Serial No(s):.....

Fault or work required

Display	Controls	Output	Trigger
Software Update	Equipment Upgrade	Service	Other

Return to PATIENT or CLINICIAN

Other details:

Affix Yellow label if contaminated

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