

UNGUATOR™ USA

YOUR UNGUATOR™ SERVICE CENTER

PHARMACY NAME: _____

ADDRESS: _____

CONTACT NAME: _____ PHONE: _____

Tell us about your Unguator

WHAT IS THE REASON FOR SENDING YOUR UNGUATOR IN?

(Please include symptoms, errors, or oddities that may help us diagnose your machine faster and more effectively.)

SPECIAL NOTES OR INSTRUCTIONS
