

ATTENTION CUSTOMER: Please fax this form to NAI at the fax number below to obtain a Return Authorization number.

Fax To: NORTH AMERICAN IMAGING, Customer Service Return Dept. -Fax: 805-383-2212 -Phone: 805-383-2200

X-RAY TUBE SERVICE REPORT

Date: _____ Attention: _____ Return Authorization
Number: _____

In order to expedite your return, please fill out this form completely. This will enable our Quality Department to make a complete evaluation of the reported problem. After our evaluation is complete, we will advise you of our findings.

WARRANTY ADJUSTMENTS WILL NOT BE POSSIBLE UNLESS THIS TUBE SERVICE REPORT IS COMPLETELY FILLED IN AND RETURNED WITH THE CORRECT TUBE AND AN AUTHORIZATION NUMBER THAT HAS BEEN PROVIDED.

Return Tube Information:

Insert Model: _____ Serial Number: _____
Generator Model: _____ Serial Number: _____

Institution (Where tube installed):

Name: _____
Address: _____
City: _____ State: _____ Country: _____

Principal usage: Cine _____ Fluoro-Spot Film _____ Special Procedure _____ Remote Table _____
General Radiography _____ Tomography _____ Pulsed Fluoro _____

X-Ray Tube Operation:

Anode Rotation Speed

Date Removed: _____ Exposure Count: _____ Estimated Exposure @ 60 HZ _____
Date Installed: _____ Exposure Count: _____ Estimated Exposure @ 180 HZ _____
Total Exposure: _____

Techniques at time of difficulty: kV _____ mA _____ Time _____
Techniques Most frequently Used: kV _____ mA _____ Time _____

Radiographic Technique: Max mA used _____ Max mA used _____

Reason for Removal: _____ Arcing _____ Filaments _____
_____ Bearings _____ Grid _____
_____ Heat Exchanger _____ End of Life _____
_____ Oil Leak _____ Other: _____

Describe circumstances at time of failure: _____

Have there been previous failed tubes? _____ If so, when and what reason? _____

REPLACEMENT TUBE INFORMATION – IMPORTANT-PLEASE FILL OUT COMPLETELY!

Replacement Tube: Insert Model _____ Serial Number: _____

Person Filing Report: _____
Please print Name Telephone Fax Number E-Mail Address

Dealer/OEM Name: _____
Address: _____
City/State/Zip/Country: _____

SHIP RETURNS TO: North American Imaging, Inc. 924 Via Alondra Camarillo, CA USA 93012

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