

Please find attached two separate RMA forms.

The **main form** has your **RMA number** in the top right corner

Please read both forms carefully and send both forms back to MedTrak VNG, Inc., by fax or email, prior to shipping.

Remember to place a copy of the **main form** in the shipping box along with the equipment you are sending in for repair.

It is important for you to **describe the problem** you are having with your VNG, directly on this form.

Please also place the RMA number on the shipping label or on the outside of the shipping box.

Items needed for repair:

**As instructed today during tech support call**

If you have any questions please call me personally.

Scott Auerbach, President  
MedTrak VNG, Inc.  
[Scottpt3@aol.com](mailto:Scottpt3@aol.com) or  
[Scott@medtrakvng.com](mailto:Scott@medtrakvng.com)  
347-742-4100  
Fax: 718-228-7797



REPAIR MAINTENANCE AUTHORIZATION FORM (RMA)

OUR REPAIR SHIP TO ADDRESS: (You will be instructed which to choose)

MEDTRAK VNG, INC.
Att: SCOTT AUERBACH
400 N. STEPHANIE ST SUITE 220
HENDERSON, NV 89014
347-742-4100

MedTrak VNG use only
Your Authorized RMA Number:

# 400

Authorized by: Date:

RMA Procedure:

- 1) Fill out this form completely and fax or Email to MedTrak VNG, Inc. at: Fax #: 718-228-7797 or Email: scott@medtrakvng.com.
2) Pack the equipment appropriately and enclose a copy of the RMA form with the RMA # on the form-top right.
3) Be sure to place the RMA number on your shipping label or on the outside of the shipping box.
4) Return the equipment, as you were instructed, to one of the addresses listed on this form only.
5) Issued RMA numbers are only good for 30 days.

Please fill out your information:

Contact Person Phone Distributor

Main Physician's Name Date of Purchase

Return Address:

Name of Facility:

Ship to: Street Address City/state/zip

Phone # Fax # Email address

Serial Numbers (on silver label):

Goggles Interface Box VORT Receiver

Interface Power Supply Computer (Make/Serial #)

Describe issue/problem:

I have read and understand all of the above RMA Procedures:

Your Signature

Print your name

Date

Please wait for your authorized RMA # before shipping us your equipment.

MedTrak VNG Fax #: 718-228-7797
MedTrak VNG Email: scott@medtrakvng.com



**DIAGNOSTIC / REPAIR PAYMENT AUTHORIZATION FORM  
Agreement to General Terms and Conditions for Issuance of RMA**

**General Terms and Conditions:**

- 1) Fill out this form completely and fax or Email to MedTrak VNG, Inc. at:  
Fax #: 718-228-7797 or Email: [scott@medtrakvng.com](mailto:scott@medtrakvng.com)
- 2) MedTrak VNG, Inc. reserves the right to refuse any shipment which does not comply with the RMA procedures.
- 3) If equipment arrives damaged by shipping, tampered with or modified in any way, it will be returned as delivered.
- 4) If equipment arrives and does not match our serial number database, it will be returned.
- 5) RMA numbers are valid for 30 days from the date of issue.
- 6) MedTrak VNG, Inc. does NOT pay for shipping costs in either direction.
- 7) The sender hereby agrees and authorizes MedTrak VNG, Inc. to charge their credit card for the cost of return shipping and diagnostic labor as follows:
  - a) Express shipping costs required to return the equipment to sender: NOT to exceed \$100 unless authorized by sender.
  - b) Troubleshooting, handling and diagnostic labor. This charge will be \$500 **No labor charge during warranty periods**
- 8) Additional charges will need to be authorized by the sender once MedTrak VNG, Inc. has determined the repair costs.

**Please fill out your information:**

Main Physician Name \_\_\_\_\_ Facility Name: \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax # \_\_\_\_\_

Email address \_\_\_\_\_

**PAYMENT INFORMATION:**

Credit Card Type \_\_\_\_\_ Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on this credit card: \_\_\_\_\_

Address for this Credit Card: \_\_\_\_\_

I have read and understand all of the above General Terms and Conditions and authorize MedTrak VNG, Inc. to bill my credit card as described in section 7 (a) and (b) above.

_____ Card Holder Signature	_____ Print Name	_____ Date
--------------------------------	---------------------	---------------

**Please wait for your authorized RMA # before shipping us your equipment.**

**MedTrak VNG Fax #: 718-228-7797  
MedTrak VNG Email: [scott@medtrakvng.com](mailto:scott@medtrakvng.com)**

MedTrak VNG use only  
**Your Authorized RMA Number:**

**# 400**

\_\_\_\_\_  
Authorized by: SA      Date: