



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	Stimulator Service or Return Form
Outreach Clinics	Outreach Clinics
Patient Id here	Patient Id here
Clinician:	Clinician:
Date:	Date:
Device DOES / DOES NOT have a fault.	Device DOES / DOES NOT have a fault.
For REPAIR / RETURN (TO STOCK) Circle appropriate box(es)	For REPAIR / RETURN (TO STOCK) Circle appropriate box(es)
Equipment:	Equipment:
Pace XI WFS Module MS2	Pace Pace XI WFS Module MS2
O2CH O4CH ODFS 3 Other	O2CH O4CH ODFS 3 Other
Serial No(s):	Serial No(s):
Fault or work required	Fault or work required
Display Controls Output Trigger	Display Controls Output Trigger
Software Update Equipment Upgrade Other	Software Update Equipment Upgrade Other
Return to PATIENT or CLINICIAN	Return to PATIENT or CLINICIAN
Other details:	Other details:
Affix Yellow label if contaminated	Affix Yellow label if contaminated