

# RAD II X-ray Tube Return Form

<b>Original Shipping address:</b> Company: Name: Address: Address2 City, state, zip phone	<b>Replacement Shipping address <small>(if different)</small></b> Company: Name: Address: Address2 City, state, zip Phone
---	---

Reason for return:  
Tube Serial Number:  
Purchase Date:  
Generator model:  
RMA#:  
(If you already received a replacement, use tracking number from shipping label)

**Return to:**

Radiographic Services  
109 Commercial St  
Arlington, WI 53911  
608-438-0600

Copy of this form must be included with tube.