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 PHONE: 604-952-7005 or 800-344-4437
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 E-MAIL: cs@essentialmedicalproducts.com

MEDICAL WARRANTY

Date:

MDCR #

PART I – FOR EXTERNAL USE

QUALIFYING FOR WARRANTY PROCESSING:

1. When was product originally sold?

Dealer's Original PO #

EMP/BFF Original Packing Slip #

2. Product Code, dimensions of product and what type of bed base/platform the mattress is resting on:

3. Why is warranty being requested (Please provide full details)

4. Digital picture(s) are required to substantiate claim. Please follow the instructions below and forward pictures to

cs@essentialmedicalproducts.com.

- a. One picture of cover, in area of problem
- b. One picture, with cover removed, to show foam only at area of concern
- c. If there is a noticeable indent please place a straight edge over top of the area and use a vertical ruler or tape measure to indicate the depth. This measurement must be taken after the client is out of the bed for a minimum of ½ (one half) hour to allow the foam to recover to its' natural state.
- d. Picture of bed base/platform that the mattress is resting on. PLEASE NOTE: It is the policy of EMP that all mattress bases that feature springs or slats must have a protective MBP-500 to maintain warranty. Without the MBP-500 we cannot warranty the mattress. Please also ensure that this is a foam/cover issue involving manufacturing defects. If it is a comfort issue only no warranty will apply. Should there be any question regarding the warranty a further site inspection visit with an EMP Representative may be required.
- e. Any other areas of concern.
- f. EMP reserves the right to request the warranty item returned to EMP for further testing, to validate the claim.

5. The EMP product, replaced under warranty, **will be returned to the originating Store/Warehouse.**

CONTACT INFORMATION

Dealer Name:

Store Location:

Contact Person

Phone Number

Customer or Tag

Additional Comments:

FOR REPLACEMENT

FOR REPAIR – *must be new and not placed in service*

FOR OFFICE USE ONLY:

Follow Up by:

Date:

Please proceed to Page 2 – Medical Warranty Part II – For Office Use Only

Replacement WO#

Date: