



3949 Valley East Industrial Dr  
Birmingham, AL 35217 USA  
**Tel: (205) 856-7200 x 211**  
**RA Fax: (205) 856-7207**  
Attn: Nicole Hayes, Pro O2 Admin.

Your PO # or Reference #

## RETURN AUTHORIZATION REQUEST FORM

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact: \_\_\_\_\_

Tel# (     ) \_\_\_\_\_ - \_\_\_\_\_ Ext# \_\_\_\_\_ Fax# (     ) \_\_\_\_\_ - \_\_\_\_\_

**\*Note - instructions are detailed in the Troubleshooting Section of the Maintenance & Repair Manual**

Unit Serial Number: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Oxygen Flow @ \_\_\_\_\_ LPM      Oxygen Purity: \_\_\_\_\_%

Repair Date: \_\_\_\_\_ Failure Date: \_\_\_\_\_

Part Number	Qty	Description	Component Serial Number(s)

**Comments/Problems**

**Note: MUST HAVE COMPONENT SERIAL NUMBERS-REMOVED AND INSTALLED  
MUST HAVE FAILURE DATE.**

**For Internal Office Use Only Below this Point - Summary from Pro O2, LLC**

RA#	Confirmation#	Date:	Warranty	Yes or No
-----	---------------	-------	----------	-----------

**Disposition of Authorized Return Parts:**
