



COMPLAINT FORM

Institute/Company		<input type="checkbox"/> n/a
Contact		
Name patient		<input type="checkbox"/> n/a
Address		
ZIP + City		
Telephone		
Email		

Date	
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Subject complaint	<input type="checkbox"/> Molded body jackets	<input type="checkbox"/> Anti-tear clothes	<input type="checkbox"/> Service	<input type="checkbox"/> Other
Explanation				

Signature	
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You can send this form to us by Email, Fax or mail.

Wi-Care BV

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