



**USA WARRANTY FORM**  
 Warranty Department  
 (888) 423-8922

For Shipping Documents:  
**Manuf: Stellar Lasers, LLC**  
**FDA 510(k) Number: K091158**

Our products are warranted to be free of manufacturing defects for a period of one year from date of purchase. The manufacturer will repair or replace any product that has been deemed to have a manufacturing defect. Failure due to improper use or handling or unauthorized opening of the case will not be covered by the manufacturer's warranty. Please follow these instructions if your Quantumwave product(s) requires repair. Thank you.

**STEP 1: Please print and complete this form.**

**PRODUCT DESCRIPTION AND SERIAL NUMBERS:**

Laser Serial # \_\_\_\_\_ Color:  Silver  Violet  
 Probe Model # \_\_\_\_\_  
 Serial # \_\_\_\_\_  
 \_\_\_\_\_ Model \_\_\_\_\_ Serial # \_\_\_\_\_  
 \_\_\_\_\_ Model \_\_\_\_\_ Serial # \_\_\_\_\_

Charger & Cable: Yes / No    Probe Cable: Yes / No

**WARRANTY ISSUE:**

Detailed description of each product and problem: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Purchaser Name: \_\_\_\_\_  
 Purchase Date: \_\_\_\_\_ Warranty Return Date: \_\_\_\_\_

**RETURN MAILING ADDRESS (no PO box, please):**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt / Ste: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email address: \_\_\_\_\_

**STEP 2: Please include this form with the item(s) and ship to:**

Stellar Lasers, LLC  
 46 Worcester Villiage Rd. / Worcester VT 05682  
 (888) 423-8922

**NOTE:** Please make certain this completed form is included with the returned unit, otherwise delays in processing may occur.