



# LC Medical Concepts

INNOVATION. VISION. HEALING.

LC Medical Concepts, Inc. RMA Form

RMA# \_\_\_\_\_  
(office use only)

Date: \_\_\_\_\_

COMPANY/CONTACT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS FOR RETURN SHIPPING: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PUMP MODEL: \_\_\_\_\_ SERIAL NUMBER: \_\_\_\_\_

DESCRIPTION OF PROBLEM:

\_\_\_\_\_  
\_\_\_\_\_

Please use one form for each pump.

Please ship all pumps to: LC Medical Concepts, Inc.  
144 Village Landing Suite 178 Fairport, NY 14450 ATTN: VAC REPAIRS

\*This form must be filled out and included with equipment. Failure to use this form will result in delays\*

**LC Medical Concepts, Inc. (585) 364-9211**  
**dm@lcmedicalconcepts.com**