

DISLOCATION WARRANTY

OASIS Medical, Inc. guarantees full replacement, at no charge to the customer, for any OASIS Soft Plug[®] that becomes lost or dislocated **within thirty (30) days** of initial insertion.

This product replacement warranty applies only to the OASIS Soft Plug[®] used within the printed expiration date on the package. The replacement of any plug will be limited to only once per eye per patient.

GUIDELINES FOR REPLACEMENT OF THE OASIS SOFT PLUG[®] ARE:

- The dislocation must be reported by the customer to OASIS Medical, Inc. **within thirty (30) days** of plug insertion.
- This claim form must be completed by the attending doctor and returned to OASIS Medical, Inc. **within five (5) business days**.

REQUIRED INFORMATION

DOCTOR'S NAME: _____

FACILITY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

DATE OF ORIGINAL INSERTION PROCEDURE: _____

LOCATION OF PLUG INSERTION: RUL RLL LUL LLL

ORIGINAL PLUG: Model/Size: _____ Lot #: _____

DATE DISLOCATION OCCURRED: _____

DATE OF REPLACEMENT INSERTION: _____

REPLACEMENT PLUG: Model/Size: _____ Lot #: _____

PATIENT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

ADDITIONAL COMMENTS:

PHYSICIAN'S SIGNATURE: _____ DATE: _____

FAX BACK TO: (800) 631-7210