

# WEEE Returns

## Waste Electrical and Electronic Equipment (WEEE) Returns

If you would like to dispose of your VM-branded product(s) under the Waste Electrical and Electronic Equipment Directive, please complete the form below and select the submit button upon completion. A VM representative will respond to your request within two business days. On behalf of Verathon Medical Corporation, Inc. we thank you for the proper disposal of your waste electrical and electronic equipment products.

### WEEE Returns Request Form

\* indicates required fields

* First Name:	<input type="text"/>
* Last Name:	<input type="text"/>
* Email:	<input type="text"/>
* Phone:	<input type="text"/>
* Company Name:	<input type="text"/>
* Address:	<input type="text"/>

### WEEE Return Details

Multiple return items will be addressed upon form completion with a VM WEEE Returns Representative.

* Product Description:	<input type="text"/>
* Serial Number:	<input type="text"/>
VM's Manufacturing Part Number:	<input type="text"/> e.g. 0123-4567
Does your product(s) contain the WEEE label (crossed-out wheeled bin)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Identify the seller from whom you purchased the product:	<input type="text"/>
Specify the date of your purchase of the product:	<input type="text"/>
Specify in which Country you purchased your product(s).	<input type="text"/>

If you have any questions about this form, please email

[WEEErecovery@dxu.com](mailto:WEEErecovery@dxu.com)

Submit

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