



## Equipment Warranty Form

Standard & Pro light devices only  
(Form Must Be Completely Filled Out & Included With Device)

Please be sure that you review our warranty policy at (<http://www.photonichealth.com>)

### STEP 1 – Customer Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

### STEP 2 – Merchandise To Be Repaired and/or Replaced

Quantity: \_\_\_\_\_ Description: \_\_\_\_\_

Quantity: \_\_\_\_\_ Description: \_\_\_\_\_

### STEP 3 – Describe problem in detail

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### STEP 4 – Please provide the shipping address you would like your repair/replacement to be mailed to:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Suite/Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

### STEP 5 – Return Address

Enclose this form along with the merchandise in a secure package. Attach below return label to the outside and return through an insured carrier. Please allow 30 days for us to receive and process your return.

#### All warranty work **MUST** be sent via an **insured carrier** service to:

Attn: Warranty Work  
Photonic Health, LLC  
2471 NW 44<sup>th</sup> AVE  
Ocala, FL 34482

**Note: This warranty is on the functionality of the light ONLY. This does not cover the finish, plastic lens, or the removable ring fastener.**

Please allow 30 days for processing. Photonic Health, LLC is not responsible for any items shipped by the consumer that are lost/stolen/damaged in transit.