



American Scientific, LLC

6420 Fiesta Dr., Columbus, OH 43235

Toll-Free 1 (866) 518-1665

recall@american-scientific.com

Exhibit A





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Magnet Replacement Form

Date _____

Please fill this form out completely. The shipping address should be the address that the replacement products will be shipped. **A contact name must be provided as part of the shipping address.** If available, please attach proof of purchase to this form.

School Name: _____

Contact Name: _____

School Shipping Address: _____

School Phone: _____ School Fax: _____

Company You Purchased Magnet from:

P.O./Reference Number & Date of Purchase (if available):

Quantity of Magnets	Magnet Number	Description of Magnet

Signature: _____

PLEASE INCLUDE THIS FORM WITH YOUR RETURN. RETURNS WILL NOT BE ACCEPTED AND REPLACEMENTS WILL NOT BE SENT WITHOUT RECEIPT OF THIS FORM!

WE RESERVE THE RIGHT TO REPLACE PRODUCT SOLD BY AMERICAN SCIENTIFIC ONLY.