

URGENT FIELD SAFETY NOTICE – Distributor / Importer Reply Form

1. Field Safety Notice information

FSN Reference number*	R-2023-09
FSN Date*	27.02.2024
Product / Device name*	Link OptiStem, Rasp Handle Stainless Steel
Product Code	17-5220/01
Batch / Serial Number(s)	C010108, C151519

2. Distributor / Importer Details

Company Name*	
Account Number	
Address*	
Shipping address if different to above	
Contact Name*	
Title or Function	
Telephone number*	
Email*	

3. Measures taken by the Distributor / Importer

<input type="checkbox"/> I confirm receipt of the Field Safety Notice and that I read and understood its content.	Tick all that apply or enter N/A:
<input type="checkbox"/> I have returned the affected rasp handles to LINK.	

Print Name*	Distributor/Importer print name here:
Signature*	Distributor/Importer sign Here:
Date*	

#### 4. Return acknowledgement to sender

Email	complaint@link-ortho.com
Customer Helpline	<b>Questions about replacement &amp; products:</b> <b>Please contact your Export Manager</b>  <b>Questions about recall:</b> Complaint Management complaint@link-ortho.com +49 40 5 39 95 - 432
Postal Address	WALDEMAR LINK GmbH & Co. KG Barkhausenweg 10 22339 Hamburg Germany
Web Portal	<a href="https://www.link-ortho.com">https://www.link-ortho.com</a>
<b>Fax</b>	<b>+49 40 539 95 – 174</b>
Deadline for returning the Distributor / Importer reply form*	Within <b>4 weeks</b> after receipt of the FSN.

Mandatory fields are marked with \*

It is important that your organisation takes the actions detailed in the FSN and confirms that you have received the FSN.

Your organisation's reply is the evidence we need to monitor the progress of the corrective actions.