

# SleepWeaver® Replacement Mask Form



All sections **must be completed** in order for Circadiance to fill a replacement order.  
Upon completion, please fax or email this form to +1 412-202-4583 or [returns@circadiance.com](mailto:returns@circadiance.com)

## I. Account Information

|                              |                  |           |
|------------------------------|------------------|-----------|
| Company Name:                | Customer ID#     | Order ID# |
| Address:                     |                  |           |
| Telephone #:                 | Fax#             |           |
| Contact Name:                | Email:           |           |
| Date of Replacement Request: | Date of Fitting: |           |

**\*Requests for replacements will ONLY be accepted 30 days from date of fitting.\***

## II. Patient Information

Reason for replacement request (please check all that apply):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fitting Problem – Mask                             | <input type="checkbox"/> Fitting Problem - Headgear       | <input type="checkbox"/> Mask Seal Problem                     |
| <input type="checkbox"/> Mask Discomfort – <b><u>Provide Details</u></b>    | <input type="checkbox"/> Exchanging Product               | <input type="checkbox"/> Mouth Breather                        |
| <input type="checkbox"/> Mask Falling Apart – <b><u>Provide Details</u></b> | <input type="checkbox"/> Billing, Pricing, Shipping Error | <input type="checkbox"/> Other – <b><u>Provide Details</u></b> |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## III. Mask Information

**\*\*Part Number and Lot Number MUST be filled out in order to process your request\*\***

Which SleepWeaver Product was returned to your facility? (please check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> SleepWeaver Advance | <input type="checkbox"/> SleepWeaver Élan | <input type="checkbox"/> SleepWeaver Anew |
|--|---|---|

|                    |                   |            |
|--------------------|-------------------|------------|
| Part Number: _____ | Lot Number: _____ | QTY: _____ |
| Part Number: _____ | Lot Number: _____ | QTY: _____ |
| Part Number: _____ | Lot Number: _____ | QTY: _____ |
| Part Number: _____ | Lot Number: _____ | QTY: _____ |
| Part Number: _____ | Lot Number: _____ | QTY: _____ |

Will the mask(s) be returned? (Y/N) \_\_\_\_\_ Number of Masks \_\_\_\_\_

What mask was provided to the customer as a replacement for the SleepWeaver?

Manufacturer: \_\_\_\_\_ Mask Name: \_\_\_\_\_

Circadiance Mask Replacement Program applies only to a properly fitted mask that is returned within 30 days of initial fitting. Circadiance reserves the right to cancel or modify this program without notice. Circadiance reserves the right to require the return of the original mask at your expense.