

# Device Repair Documentation

(This form must be included with parts)

Ship all repairs to:

26376 Pollard Rd Daphne, AL 36526



**\*\*The following are all required fields\*\***

|                          |
|--------------------------|
| Facility: _____          |
| Contact Name: _____      |
| Contact Telephone: _____ |
| Contact Email: _____     |
| PO Number: _____         |

| FOR OFFICE USE ONLY                                    |
|--|
| Received by: _____                                     |
| # Items confirmed: _____                               |
| Receipt confirmation emailed to client: ___ YES ___ NO |
| RMA # Assigned: _____                                  |

| Date | Model / Part # | Serial # / UDI # | Describe the Problem |
|------|----------------|------------------|----------------------|
|      |                |                  |                      |
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|      |                |                  |                      |
|      |                |                  |                      |

\*\*Please fill out this form entirely and to the best of your ability.

A delay in repairs and a \$25.00 diagnostic fee per unit will result from fields left blank.

Revision Date: 1/10/2020