



2441 Cades Way Suite 200 Vista, CA 92081
 Phone 800.422.3547
 Fax 866.787.7597

Request for Service Form

After filling in all the information, please fax this document to our service department or insert inside package to be sent to Davis Medical Electronics, Inc.

Contact Information:

Date of Request _____
 Company name _____
 Contact _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____

Equipment Type:

- Portable EKG (ECG) Make, Model, Serial # _____
- Holter recorder Make, Model, Serial # _____
- Defibrillator Make, Model, Serial # _____
- VCR Make, Model, Serial # _____
- Printer Make, Model, Serial # _____
- Acquisition module Make, Model, Serial # _____
- Transducer Make, Model, Serial # _____
- Monitor Make, Model, Serial # _____
- Pulse Oximeter Make, Model, Serial # _____
- BP monitor Make, Model, Serial # _____
- Sphygmomanometer Make, Model, Serial # _____

Symptoms _____

I hereby authorize Davis Medical Electronics, Inc. to service the above mentioned equipment. I understand that any additional charges not mentioned in the original quotation but necessary for the repair of the equipment may increase the original estimated price. I or our office agrees to being the responsible party for those charges.

Signature _____ Date _____

<i>Service Department Use Only</i>	
Diagnosis _____	
Estimated labor time _____	
Estimated parts _____	
Estimated repair time _____	
Received by _____	Date _____