

INSTRUMENT REPAIR & SERVICE PACKING & SHIPPING INSTRUCTIONS

PLEASE NOTE - Ship Your Instrument to:

BIOMEDICAL SERVICES
4001 So. Decatur Blvd. #37-349
Las Vegas, NV 89103



1. Fill out the Service Request Form.

Be sure to write the Serial Number (found on the back of your instrument) in the top right section of the Service Request Form. The instrument cannot be tracked without a Serial Number.

2. After the form is filled out completely, please make two copies. Enclose the ORIGINAL with your instrument. Mail or FAX THE OTHER COPY TO PROGRESSIVE THERAPY SYSTEMS/ANIMAL THERAPY SYSTEMS - (530)-547-7106. Keep the third copy for your own records.

NOTE: If we do not receive a faxed copy of your completed Service Request Form, it is very hard for us to track your instrument for you. Please be sure to get the completed form to us immediately upon shipment of your instrument.

3. Be sure your instrument is shipped in its original packing materials that include 4 unbroken styrofoam corners suspending the unit within the inner box; and 4 unbroken Styrofoam corners suspending the inner box within the outer box. Or, have the instrument professionally packed by a shipping house to insure that it will be safe in transit. If you would like to order packing materials from Biomedical Services to be sent to you for this purpose, please call PTS/ATS (800-544-8957). (When you receive your instrument back from repair, it is suggested that you safely store these shipping materials for future use if needed.) **Insurance is recommended.**

NOTE: When shipping the Acuscope 80C or Myopulse 75C, DO NOT INCLUDE THE HALIBURTON CARRYING CASE unless the case itself requires repair.

4. PROCESSING PROCEDURE: Once your instrument has arrived at Biomedical Services, the turn-around time (including the shipping time back to you) is approximately 14 -28 days.

PLEASE NOTE: If more extensive repair and part replacement is necessary (beyond basic service/ battery replacement/recalibration) this service may take longer.

5. We will call you when the equipment is ready to be returned. We will then inform you of the charges and make payment arrangements.

NOTE: the charge for repair must be Paid in Full prior to shipping the instrument(s) back to the customer.

THANK YOU.

SERVICE REQUEST FORM

SERVICE TAG NUMBER: _____

DATE: _____

MODEL NUMBER

SERIAL NUMBER

BILL TO:
PROGRESSIVE THERAPY SYSTEMS ANIMAL THERAPY SYSTEMS P.O. BOX 4 PALO CEDRO, CA 96073

SHIP TO:
PROGRESSIVE THERAPY SYSTEMS ANIMAL THERAPY SYSTEMS 22284 SPRING HILL LANE PALO CEDRO, CA 96073

SHIP BY: UPS
GROUND <input type="checkbox"/>
RED <input type="checkbox"/>
BLUE <input type="checkbox"/>
ORANGE <input type="checkbox"/>

SPECIAL SHIPPING INSTRUCTIONS
SIGNATURE: _____

DETAILED PROBLEM DESCRIPTION: (PLEASE TYPE OR PRINT)

85P'S & 70C	REPLACE ACCESSORY POCKET	YES <input type="checkbox"/>	NO <input type="checkbox"/>
70C, 80, MYO	REPLACE BROKEN HANDLE	YES <input type="checkbox"/>	NO <input type="checkbox"/>

BATTERY	
REPLACE <input type="checkbox"/>	REPLACE IF MARGINAL <input type="checkbox"/>
ATTEMPT TO RECOVER <input type="checkbox"/>	DO NOT REPLACE <input type="checkbox"/>

CUSTOMER (OWNER) INFORMATION (REQUIRED FOR RECORDS UPDATE)		
NAME: _____		
COMPANY: _____		
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	E-MAIL: _____