

# 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. **BE SURE TO CHECK THE "SERVICE" BOX NEXT TO THE DATE AT THE TOP OF THE FORM.**

2. After the form is filled out completely, please make two copies. Enclose the ORIGINAL with your instrument. Mail or SCAN AND EMAIL THE OTHER COPY TO PROGRESSIVE THERAPY SYSTEMS/ANIMAL THERAPY SYSTEMS. Mailing address: P.O. Box 4, Palo Cedro, CA 96073. Keep the third copy for your own records.

**NOTE:** If we do not receive a 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. (When you receive your instrument back from repair, it is suggested that you safely store the shipping materials for future use if needed.)

Make sure the box is marked "FRAGILE." **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. Please include your charger module so that it may also be tested. Make a note in the "Problem Description" area of the form that you have included the charger and request that it be tested.
5. 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.

6. 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 within 7 days of notification of service completion**, and prior to shipping the instrument(s) back to the customer. If the repair is not paid for within 7 days, we reserve the right to charge appropriate storage fees.

THANK YOU!



# IBNC Service Request Form

Ship To: BIOMEDICAL SERVICES 4001 S. Decatur Blvd. #37-349 Las Vegas, NV 89103

Date: \_\_\_\_\_ (check one box only)      Service       Complaint

<b>MODEL NUMBER</b>	<b>SERIAL NUMBER</b>

<b>BILL TO:</b>	<b>CUSTOMER INFORMATION:</b>		
<b>DISTRIBUTOR:</b>	NAME:		
ATS - PTS	COMPANY:		
P.O. BOX 4	ADDRESS:		
PALO CEDRO, CA 96073	CITY:	STATE:	ZIP:
	PHONE:	FAX:	
	EMAIL:		

<b>SHIP BY: UPS</b>	<b>SPECIAL SHIPPING INSTRUCTIONS:</b>
GROUND <input type="checkbox"/>	
NEXT DAY AIR <input type="checkbox"/>	
SECOND DAY <input type="checkbox"/>	
<b>SIGNATURE:</b>	

<b>LIST OF ENCLOSED ACCESSORIES :</b>	

<b>DETAILED DESCRIPTION: (PLEASE TYPE OR PRINT)</b>

REPLACE ACCESSORY POCKET (IF APPLICABLE)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
REPLACE BROKEN HANDLE (IF APPLICABLE)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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

**DO NOT ALTER TAPE OR STAPLE THIS FORM**