



Service Repair Form

Instructions: Biomedical services are not available for patient-owned equipment. Please complete each section of this form and send along with the equipment to be repaired or serviced to:

USMed-Equip
 Biomedical Services
 105 Koser Road
 Lititz PA 17543
877-677-7767

Date: _____

Billing Information:

Company Name:	_____
Address:	_____ _____ _____

Ship Repaired Equipment To:

Company Name:	_____
Address:	_____ _____ _____

Contact Information for Questions, Payment & Estimates:

Name:	_____
Email:	_____
Phone Number:	_____

Manufacturer	Model/Description	Serial #	Problem or Service Needed

Repair Preferences

<input type="checkbox"/> Approved (Repair without estimate)
<input type="checkbox"/> Call with estimate before repairing
<input type="checkbox"/> Email estimate before repairing
<input type="checkbox"/> N/A (Warranty Repair)

Payment Method (Choose One)

<input type="checkbox"/> PO Provided PO# _____
<input type="checkbox"/> Email for PO
<input type="checkbox"/> Call for Payment
<input type="checkbox"/> N/A (Warranty Repair)