SHIP TO:
BIOMEDICAL SERVICES, 4001 S. DECATUR BL. #37-349, LAS VEGAS, NV 89103

SERVICE REQUEST FORM

SERVICE TAG NUMBER: _____ **DATE:** _____

MODEL NUMBER	**SERIAL NUMBER**

BILL TO:	
THORP INSTITUTE 329 FULVIA ST. ENCINITAS, CA 92024	THORP INSTITUTE 329 FULVIA ST. ENCINITAS, CA 92024

SHIP BY: UPS	**SPECIAL SHIPPING INSTRUCTIONS**
GROUND ❒	
RED ❒	
BLUE ❒	
ORANGE ❒	**SIGNATURE:**

DETAILED PROBLEM DESCRIPTION: (PLEASE TYPE OR PRINT)

85P'S & 70C	**REPLACE ACCESSORY POCKET**	**YES ❒**	**NO ❒**
70C, 80, MYO	**REPLACE BROKEN HANDLE**	**YES ❒**	**NO ❒**

BATTERY	
REPLACE ❒	**REPLACE IF MARGINAL ❒**
ATTEMPT TO RECOVER ❒	**DO NOT REPLACE ❒**

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