

Form 7510-S1

Please return unit to this address:

Kem Medical Products ♦ 5305 NW 35th Terrace ♦ Ft. Lauderdale, FL 33309

Return Authorization For Repairs On Electronic Units

RA #: _____

Please Print

1.) Please confirm your BILLING ADDRESS:

Please confirm your SHIPPING ADDRESS:

2.) Technical Contact : _____ Department: _____

Telephone #: _____ Ext: _____

3.) Please complete description of units

Model Number

Serial Number

4.) Please list a brief description of the problem and include any special instructions:

5.) Do you need to order a Calibration Kit or Cylinder at this time? _____ Cat# _____ Quantity _____

All units are subject to a \$45.00 evaluation charge, this fee is deducted from repair charges.

6.) PO # _____

7.) Please check the information that pertains to the unit

I authorize Kem Medical to perform necessary repairs at a cost not to exceed \$ _____

I wish to be contacted with an estimate prior to work being done on my unit(s)

Signature of Authorized Person _____ Date ____/____/____

Please Print Name: _____ Title: _____

Telephone #: _____

8.) We ship UPS Ground, If you need unit ASAP

Please indicate Next Day Second Day ** Charges will be billed**