

REPAIR/RECALIBRATE ORDER FORM
PHYSIOCOM DESIGN

8396 Eglon Road, Kingston WA 98346

THIS FORM AND PAYMENT MUST BE INCLUDED WITH YOUR INSTRUMENT.

NAME _____ DATE _____

MODEL _____ SERIAL _____ INCLUDED PARTS _____

PROBLEM _____

____ REPAIR & RECALIBRATE (\$250.00)

____ RECALIBRATE ONLY (\$150.00)

____ IN WARRANTY 1 YR (no charge)

____ AIR RETURN SHIPPING (35.00)

TOTAL OF CHECK INCLUDED IN THIS ORDER: \$ _____

REPAIR NOTES: _____

Ship to: PhysioCom Design, 8396 NE Eglon Road, Kingston, WA 98346
Ship by: UPS, Federal Express, or USPS priority mail.

PLEASE INCLUDE CHECK AND INDICATE RETURN ADDRESS BELOW

TO _____

