

RETURN & REPAIR FORM



CUSTOMER NJ Cust. # _____

Date ret. 6/17 Carrier Fed Exp Method _____ RMA# _____

7110 Serial# ARNL 0050 Warranty exp.: _____

Reported Problem: _____

- Accessories (check all that apply): Regulator P.Paper Scotty V PrinterRib. Pouch
 Sim.Temp.Probe Ser.# _____ Keyboard Organizer Key
 Mouthpieces _____ Sim. to cuvette hose Pump to Sim. hose Power cord
 Other (specify) _____
 Other (specify) _____

| <i>Part#</i> | <i>Description</i> | <i>\$</i> | <i>Qty</i> | <i>Total</i> |
|--------------|--------------------|-----------|-------------|--------------|
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| | | | | |
| | | | Repair Time | Time \$ |

TOTAL REPAIR \$ _____

REPAIR NOTES:

TESTED - CAN NOT DUPLICATE ERROR
NO RE-CERT PER TOM C.

Date 10-10-02 Technician [Signature]

Every above checked item is included Shipping _____