

Return & Repair Form:

Customer Information:

Company Name: W. Amwell TSH B: _____ S: _____
 Date Received: 8-11-09 Date Given to Service: _____
 Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other

Product Information:

Product: 7410 ~~7110~~ 6510 - 6810 Serial #: ARWF - 0360
 Description: A - B - Plus - Screener - Demo Printer Ser #: AR -
 Whole Instrument Top ½ Sim Ser #: _____
 Other _____ Probe Ser # DD P -
ACCESSORIES:
 110 V A/C Adapter Regulator Mag Card Rdr# _____
 Printer Paper Printer Ribbon Casio # _____
 Mouthpieces Carrying Case Dry Gas
 Other (Please Specify) _____ Warranty Exp. Date _____

Repair Information: FC, Cuvette Test

Reason for Return: _____

Part Number	Description	Qty	Total Cost
<u>6809512</u>	<u>Brommit with Vert</u>	<u>1</u>	<u>NK WARR</u>
<u>6808455</u>	<u>FC</u>	<u>1</u>	<u>NK WARR</u>
<u>6809500</u>	<u>ARZM-0010</u>	<u>1</u>	<u>NK WARR</u>
<u>MP Cal 71</u>	<u>Cal</u>	<u>1</u>	<u>NK WARR</u>
<u>MP Labor</u>	<u>Labor</u>	<u>.5</u>	<u>NK WARR</u>

Repair Notes:

Replace FC, Cuvette
Cal w/DC OPS Check

Service Technician: [Signature]

Date: 08-14-09