

Return & Repair Form:

Customer Information:

Company Name: Somerby, Inc B: _____ S: _____

Date Received: _____ Date Given to Service: _____

Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other

Product Information:

Product: 7410-7110-6510-6810-7510

9510- Drug Tester 5000

Description: A - B - Plus - Screener - Demo

Serial #: ARWF - 0395

Printer Ser #: AR -

Whole Instrument

Top 1/2

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:

Test #

Reason for Return:

Part Number	Description	Qty	Total Cost
<u>0808455</u>	<u>FC</u>	<u>1</u>	<u>n/w</u>
<u>mp cal 71</u>	<u>cal</u>	<u>1</u>	<u>n/w</u>
<u>mp labor</u>	<u>labor</u>	<u>.5</u>	<u>n/w</u>

Repair Notes:

FC# ARCA-0667

Installed new cartridge

cal w/ QC & ops check

Service Technician: _____

Date: 6-1-2011