

Return & Repair Form:

Customer Information:

Company Name: TUP of Verona B: _____ S: _____
 Date Received: 6-19-09 Date Given to Service: _____
 Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other

Product Information:

Product: 7410 - 7110 - 6510 - 6810 Serial #: AR W.M. 00920092
 Description: A - B - Plus - Screener - Demo 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>MP Cal 71</u>	<u>Cal</u>	<u>1</u>	<u>N/C WARR</u>
<u>6809458</u>	<u>Detector</u>	<u>1</u>	<u>N/C WARR</u>
<u>MP Labor</u>	<u>Labor</u>	<u>.5</u>	<u>N/C WARR</u>

Repair Notes:

Replace IR Detector
Cal w/QC & ops check

Service Technician: JS

Date: 06/23/2009