



Repair Service Form

Send repairs to: Parkell, Att: Repair Department, 300 Executive Drive, Edgewood, NY 11717 USA
Phone: 631-249-1134 • **Fax:** 631-249-1242 • **E-mail:** Repairs@Parkell.com

****Please fill out this form and include a copy of it with your repair. Please ship via UPS® , FedEx® or USPS®.**
Parkell does not issue pick-ups or shipping labels for repairs; you are responsible for the cost of returning the unit to us. If the shipment is lost or damaged during transit to us the responsibility for replacing the items is with the shipping company you selected. Because of this we strongly recommend that you insure the shipment for the full value of the items in it to protect yourself. **We recommend that you use UPS, FedEx or USPS (US Postal Service).**

****Before sending a Parkell® scaler unit back to Parkell based on a perceived need for repair due to performance issues with non-Parkell® inserts, it is strongly recommended that you review Parkell's warranty policy at www.parkell.com/terms-conditions. Such returned units which are found by Parkell to perform properly with Parkell® brand inserts might result in inspection costs and return-shipping costs for the customer.**

Name of Doctor: _____ Name of Practice: _____

Address: _____

City: _____ State: _____ Zip: _____

Person in your office we can contact about this repair: _____

Phone: _____ Fax: _____

E-mail: _____

DOCTOR USE ONLY:

License #: _____ Expiration Date: _____

Preferred method of contact: Phone E-mail Fax

Office hours: _____

Device: _____

Serial #: _____ Date of Purchase: _____

Problem with Device: _____

If your device has been modified, e.g., foot pedal has been cut off, please indicate if you would like us to:

Leave the device in its modified condition, **OR** Restore the device to original condition **Initial Here:** _____

I pre-authorize Parkell to repair my device if the repair is under \$ _____. If the repair is over the authorized amount we will contact you first before proceeding with the repair.

Signature

Date

PARKELL USE ONLY:

Date Received: _____ By: _____

Accessories Received: _____

Repair Estimate: _____ Approved By: _____ Date Approved: _____