



# 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).**

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: \_\_\_\_\_