



Please complete this form and enclose in shipment box with unit.

Company Name \_\_\_\_\_  
Shipping Address \_\_\_\_\_  
\_\_\_\_\_  
Phone number \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Contact person \_\_\_\_\_  
FAX \_\_\_\_\_

\*Manufacturer/Model: \_\_\_\_\_

\*Serial #: \_\_\_\_\_

\*Accessories Power cord \_\_\_\_\_ Power Supply \_\_\_\_\_ Lead Wires \_\_\_\_\_  
Electrodes \_\_\_\_\_ Adapters \_\_\_\_\_ Probes \_\_\_\_\_  
Patient Switch \_\_\_\_\_ Sound head (serial number) \_\_\_\_\_  
Other \_\_\_\_\_

**\*Please provide a thorough description of the problems you are having with this unit. The more detailed the description of the problem, the less time our technician will have in diagnosing your unit.**

What error code is your machine giving? \_\_\_\_\_  
Is the problem Stim? \_\_\_\_\_ Ultrasound \_\_\_\_\_ Both \_\_\_\_\_  
(Note: If you are having a stim problem we will need the lead wires/electrodes)  
Which channel are you having problems with? \_\_\_\_\_

Who can we talk to about the problem? \_\_\_\_\_  
Is the problem intermittent? \_\_\_\_\_  
Description of problem \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF USING  
UPS/FEDEX** Health Equipment Services  
**SHIP TO:** 25 S. Sixth Street, Ste. 203  
Indiana, PA 15701

**US MAIL:** 574 Philadelphia St., Ste 203  
Indiana, PA 15701

We accept Visa/MC or can ship back COD

TEL 800.253.5555 • 724.349.4400 • FAX 724.349.1017