



## REPAIR REQUEST

**Instructions:** All repair requests MUST be accompanied by this form.  
Goods received without a corresponding repair order will be rejected.

Please use a separate form for each repair requested.

|   |  |
|---|--|
| <b>Date of Request:</b> <input type="text"/>                                      | <b>Date of Purchase:</b> <input type="text"/>  |
| <b>Contact Name:</b> <input type="text"/>   | <b>Contact Phone &amp; Email:</b> <input type="text"/> <b>PH:</b> <input type="text"/> |
| <b>Warranty Request?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>E:</b> <input type="text"/>   |
| <b>Return instruction:</b><br><input type="text"/>                                | <b>Quote Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>        |
|   | <b>Facility Address:</b><br><input type="text"/>                                       |

**LIST ALL PARTS RETURNED;** Bag all systems separately for easy identification of Units.

**NOTE:** Correct Operation and Testing of the system can only be verified if all components are supplied. Please bag all systems separately so it is clear what belongs with each set.

|   |   |  |
|---|---|--|
| <b>Sensor Mat:</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br><b>Serial Number (SN):</b><br><input type="text"/> | <b>Proximate Unit:</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br><b>Serial Number (SN):</b><br><input type="text"/> | <b>Pager:</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br><b>Serial Number (SN):</b><br><input type="text"/> |
|---|---|--|

**OFFICE USE ONLY;** Confirm all parts present: Yes ☐ No ☐

**Additional Comment** (if any):

### DETAILED DESCRIPTION OF PROBLEM

(Please provide as much information as possible – use additional sheet if needed)

The Product for repair should be shipped to:

KEYSTONE HEALTHCARE  
2/2 NETWORK DRIVE, CARRUM DOWNS, VIC, 3201  
TELEPHONE: 1300 547 877 or email  
service@keystonehealthcare