BIO-MED DEVICES

Bio-Med Devices, Inc.
61 Soundview Road, Guilford, CT 06437
203-458-0202 FAX: 203-458-0440 www.biomeddevices.com

Service Requisition Form

Fill out the information below. This form must be completely filled out. Enter N/A for fields that do not apply. **Do NOT return charger or accessories unless defective or requested by our technician.** We will contact you with our findings once the unit has been evaluated. Thank you.

Product Description: _____ Serial Number: _____
Reason for Return: _____ Purchase Order (If available): _____
Reason for Return (If OTHER be as detailed as possible):

REQUESTOR NAME:

First Name: _____ Last Name: _____
Email Address: _____ Telephone Number: _____
Signature: _____ Date: _____
By signing above, **"I certify this item has been cleaned prior to return."**

BILL TO INFORMATION:

Facility Name: _____
First Name _____ Last Name: _____

Address 1: _____ Address 2: _____

P.O. Box: _____
City: _____ State: _____ Zip Code: _____

SHIP TO INFORMATION (IF DIFFERENT FROM ABOVE):

Facility Name: _____
First Name: _____ Last Name: _____

Address 1: _____ Address 2: _____

P.O. Box: _____
City: _____ State: _____ Zip Code: _____

BMD CONTACT INFORMATION:
Shipping Address:
61 Soundview Road
Guilford, CT 06437
Telephone:
(800) 224-6633 ext. 226
Email Address:
techsuprt@biomeddevices.com