

Service Request Form



[Print form and send with Device](#)

Send to:

Bio-Med Devices, Inc.
61 Soundview Road,
Guilford, CT, 06437

Sender/Shipping information

Name:

Facility Name:

Shipping Address:

City/State/Zip:

Phone:

Email:

Equipment Type

Equipment needing repair:

Serial Number:

Description of the problem:

Equipment to be cleaned prior to shipping:

*Do not return accessories with the medical device unless they are non-conforming to a usage issue.

Billing Information

Bill to Name:

Billing Address:

City, State, Zip: