SERVICE REQUEST INFORMATION

Customer: _____

Address: _____

City: _____Prov: _____ Postal Code: _____

IMPORTANT: ACTIVE Phone Number(s) _____

We will use this phone number to contact you about the repairs.

Email:_____ TICKET#_____

Diatec Account Number: DT -_____ Date: _____

Type of Service Requesting: Warranty repair ☐ Out of Warranty Repair ☐ Calibration ☐

Instrument Model: _____ Serial Number: _____

Parts & Accessories Being Shipped With Instrument:

Power Cord ☐ Insert Phones ☐ TDH Headphones ☐ Bone Conductor ☐ Talk Back Mic ☐

Monitoring Headset ☐ Probe Assembly ☐ Other (please list below)

_____

Service Requested / Nature of Instrument Malfunction:

_____

_____

_____

_____

_____

- Please include all transducers (inserts, headphones, bone oscillators, etc.) being currently used with the equipment so that a precise diagnostic can be performed, and the cause of the malfunction determined
- Please indicate if you would like your annual calibration performed while your unit is being serviced by our repair team. (transducers required)
- To ensure no damage occurs in shipping, please package the unit in the original box with protective insulation or a suitable substitute
- ***Include this document with the shipping box!***

Ship To:

DiaTec Canada - Service Department
11-500 Trillium Dr.
Kitchener, ON N2R 1A7

Audioscan Repairs Ship to:

Audioscan Service
20 Ludwig St.
Dorchester, Ontario N0L 1G4