



**SERVICE REQUEST INFORMATION**

Customer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ **TICKET #** \_\_\_\_\_

Diatec Account Number: **DT** - \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Type of Service Requesting:</b> Warranty repair <input type="checkbox"/> Out of Warranty Repair <input type="checkbox"/> Calibration <input type="checkbox"/></p> <p>Instrument Model: _____ Serial Number: _____</p> <p><b>Parts &amp; Accessories Being Shipped With Instrument:</b></p> <p>Power Cord <input type="checkbox"/> Insert Phones <input type="checkbox"/> TDH Headphones <input type="checkbox"/> Bone Conductor <input type="checkbox"/> Talk Back Mic <input type="checkbox"/></p> <p>Monitoring Headset <input type="checkbox"/> Probe Assembly <input type="checkbox"/> Other (please list below)</p> <p>_____</p>
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**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:**

only for Verifit / Axiom / RM500SL:  
Audioscan Service  
20 Ludwig St.  
Dorchester, Ontario N0L 1G4