



**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: \_\_\_\_\_

<p><b>Type of Service Requesting:</b>    Warranty repair            Out of Warranty Repair            Calibration</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>
--

**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