



## Product Service Request Form

**Please complete for service/repair and include with returned product**

**1 SERVICE REQUESTED BY:**  Customer/Patient  Prescriber

Patient Name:

Prescriber (Doctor) Name:

Prescriber Practice Name:

Address:

City:

State:

Zip:

Country:

Phone:

Fax:

Email:

**2 OCUTECH PRODUCT TO BE SERVICED:**

Product name:

Date Product Purchased:

Inspect, clean and adjust:

Describe repair needed:

Request estimate prior to repair

Authorize to proceed with repair

**3 RETURN PRODUCT TO:** If different from above address

Name:

Address:

City:

State:

Zip:

Country:

Phone:

In U.S. - domestic ground

In U.S. - 2nd day rush

In U.S. - overnight-next day

International (Out of U.S.) Ships by DHL.

**4 AUTHORIZATION:**  VISA  MasterCard

Card #:

Exp. Date:

Code #:

Name on Credit Card:

Signature:

Date:

**SHIP YOUR OCUTECH® TELESCOPE TO:**

OCUTECH, Inc. • Suite 2105, 109 Conner Drive • Chapel Hill, North Carolina • 27514 • USA

(800) 326-6460 • (919) 967-6460 • fax (919) 967-8146 • customerservice@ocutech.com • www.ocutech.com

OFFICE ONLY - Date Rcvd: \_\_\_\_\_ Rcvd By \_\_\_\_\_