# OCUTECH®

# 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:

☐ Was there an injury to the user as a result of this incident? No____ Yes_____ Explain:

☐ 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:

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**OFFICE ONLY** - Date Rcvd:_____Rcvd By _____