Instrument Repair Instructions

Ship Your Instrument to:
BIOMEDICAL SERVICES
4001 S. Decatur Blvd. #37-349
Las Vegas, NV 89103

BIOMEDICAL SERVICES NO LONGER REPAIRS THE FOLLOWING INSTRUMENTS:

Acuscope 70B, Acuscope 80, Acuscope 80C

Myopulse 75, Myopulse 75C

1. Fill out the Service Request Form (SRF).

   Write the Serial Number (found on the back of your instrument) in the top right section of the SRF. The instrument cannot be tracked without a Serial Number. BE SURE TO CHECK THE **"SERVICE"** BOX NEXT TO THE DATE AT THE TOP OF THE FORM.

2. After the form is filled out completely, please make three (3) copies. Enclose the ORIGINAL with your instrument. Immediately upon shipment, scan and email the second copy to: animaltherapysystems@gmail.com (animal calibrated instruments) or progressivetherapysystems@gmail.com (human calibrated instruments). Keep the third copy for your own records.

   NOTE: Instrument service will not be initiated until we receive a copy of your completed SRF.

3. Be sure your instrument is shipped in the original packing materials. This includes the outer double walled box, the inner double walled instrument box with four (4) support corners, and the accessory box. If you no longer have the original packing materials, have the instrument packed by a professional shipping organization such as a UPS Pack and Ship location to ensure safety during transit. Mark the box as "FRAGILE." Insurance is recommended.

   Biomedical Services will not return the instruments in any unapproved packing materials and there will be a charge of $100 per new packing set upon return, if necessary.

4. Include your charger module for testing. Note its inclusion in the "List of Enclosed Accessories" portion of the SRF and request for it to be tested. Biomedical Services will not service / repair **ANY** accessories.

5. Once your instrument has arrived at Biomedical Services, the processing time is approximately 3-4 weeks.

   NOTE: If more extensive repair and part replacement is necessary (beyond basic service / battery replacement / recalibration) this service may take longer.

6. Upon completion of service, we will contact you and provide an invoice with the service details and arrange payment.

   NOTE: The repair invoice **must be paid in full within 7 days** of notification of service completion. If the repair invoice is not paid in full within that timeframe, the instrument will not be shipped back to you and appropriate storage fees will be charged.

We reserve the right to refuse service to anyone

IBNC Service Request Form

Ship To: **BIOMEDICAL SERVICES 4001 S. Decatur Blvd. #37-349 Las Vegas, NV 89103**

Date: _____ **(check one box only)** **Service** ☐ **Complaint** ☐

MODEL NUMBER	SERIAL NUMBER

BILL TO:	CUSTOMER INFORMATION:
DISTRIBUTOR:	NAME:
	COMPANY:
ATS - PTS	ADDRESS:
P.O. BOX 4	CITY: STATE: ZIP:
PALO CEDRO, CA 96073	PHONE: FAX:
	EMAIL:

SHIP BY: UPS	SPECIAL SHIPPING INSTRUCTIONS:
GROUND ❒	
NEXT DAY AIR ❒	
SECOND DAY ❒	SIGNATURE:

LIST OF ENCLOSED ACCESSORIES :	

DETAILED DESCRIPTION: (PLEASE **TYPE** OR **PRINT**)

REPLACE ACCESSORY POCKET (IF APPLICABLE)	YES ❒	NO ❒
REPLACE BROKEN HANDLE (IF APPLICABLE)	YES ❒	NO ❒

BATTERY	
REPLACE ❒	REPLACE IF MARGINAL ❒
ATTEMPT TO RECOVER ❒	DO NOT REPLACE ❒

DO NOT ALTER TAPE OR STAPLE THIS FORM