

Return & Repair Form:

Customer Information:

Company Name: Lawrence Top PD B: _____ S: _____
 Date Received: 5-10-11 Date Given to Service: _____
 Carrier: FedEx UPS DHL - USPS Method: GRD - NDA - 2DY 3DY Other

Product Information:

Product: 7410-~~7110~~-6510-6810-7510 Serial #: AR WF - 0359
 9510-Drug Tester 5000
 Description: A - B - Plus - Screener - Demo Printer Ser #: AR -
 Whole Instrument Top ½ Sim Ser #: _____
 Other _____ Probe Ser # DD P -
ACCESSORIES:
 110 V A/C Adapter Regulator Mag Card Rdr# _____
 Printer Paper Printer Ribbon Casio # _____
 Mouthpieces Carrying Case Dry Gas
 Other (Please Specify) _____ Warranty Exp. Date _____

Repair Information:

Test #

Reason for Return:			
Part #	Description	Qty	Total Cost
<u>12003</u>	<u>Hose Barb</u>	<u>1</u>	<u>N/C W</u>
<u>mp labor</u>	<u>Labor</u>	<u>1.5</u>	<u>N/C W</u>

Repair Notes:

Install new hose barb.

Ran five stud checks, no problem found.

Service Technician: [Signature]

Date: 5-12-2011