## COMPLETE AND FORWARD TO BME DEPT. RETAIN PINK COPY FOR YOUR RECORDS.

BIOMEDICAL ENGINEERING SERVICE ORDER	G				CONTRO	DL NO.
INDIVIDUAL REQUESTING SERVICE COST	CTR. NO. DEPARTMENT	EXT.	DATE WRITTEN	DATE REQUIRED		REQUEST
					ASAP STAT.	
DESCRIBE SERVICE REQUESTED (PLEASE BE AS DETAILED AND SPECIFIC AS POSSIBLE, PROVIDE ALL ACCESSORIES)						
INOPERATIVE DOES NOT WORK ON BATTERY STOPS WORKING AFTER HRS. REQUIRES PM INACCURATE PHYSICAL DAMAGE OR DROPPED NEW EQUIPMENT PO # RENTAL, LOANER, DEMO FAILS INTERMITTENTLY DESCRIBE PROBLEM IN DETAIL BELOW: INCIDENT						
ACCESSORIES SUPPLIED:						
EQUIPMENT RECEIVED BY					DATE	RECEIVED
DO NOT WRITE BELOW THIS LINE			X	€		
DATE RECEIVED  PM ICI 5 PMT 6 AWR 7 MFG 8 AWP RR FR ON CALL  DATE COMPLETED					COMPUTER	
RECOMMENDATIONS:  SERVICE CONTRACT IN WARRANTY EVALUATION FABRICATION REPAIR IN HOUSE SEND OUTSIDE BEYOND REPAIR DESIGN DEVELOPMENT MODIFICATION						
PARTS QUAN.	PARTS COST	WO	RK PERFORMED		INITIAL	LABOR HRS.
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TOTAL PARTS COST		EQUIPMENT BREAKDOWN EQUIPMENT DAMAGE (PD		, ,	TOTAL LABOR	

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