

US Bench Repair form – all HPM products except MX40 and Halters

Please Follow the instructions below and include a printed copy of this form with your device that you are shipping to the Philips US Customer Repair & Service Center. If you have any follow up questions, please contact the Philips Healthcare Customer Care Solution Center at: 1-800-722-9377. You may also see any updates to your bench repair case on the Philips Customer Services Portal: www.philips.com/customer-services-portal . Philips will cover the repair work with a 90-day warranty.

1. Submit a completed form for each device requiring service.
2. Do not ship any accessories unless requested by a Philips Agent.
3. Please provide all the information requested below in order to expedite the repair, return and invoicing process. Failure to do so will delay the repair of your device until Philips receives this information.
4. If your repair is billable, a Purchase Order made payable to Philips Healthcare must be provided in order to repair your device.
5. Please remember to sign and date this form.
6. **Ship product and completed form to the Repair Center Address:**

| |
|-----------------------------------|
| Philips Healthcare |
| Attn: Philips Bench Repair center |
| 60 Parker Irvine, CA 92618 |

7. **Please note the following below and save a copy for your records:**

| | |
|------------------------------|---------------------------|
| Case# | Model# |
| Current Software version: | Serial# |
| Current Options: | Installed Product Number: |
| Account Name: | Customer Contact Name: |
| Email Address: | Phone: |
| Contract or Warranty Number: | Purchase Order#: |

8. **Return repaired device to THIS address:**

| | |
|--------------------------|-------------------------|
| Return to Facility Name: | Return to Contact Name: |
| Street Address: | City: |
| State: | Postal Code: |
| Return to contact phone# | |

9. **Billing information:**

| | |
|-------------------------|------------------------|
| Bill to Facility Name: | Bill to Contact Name: |
| Bill to Street Address: | City: |
| Postal Code: | Bill to contact phone# |

Has a Loaner been requested? Yes No

Please check all boxes below that apply:

I pre-authorize any repairs less than or equal to: \$ _____ .00

Customer Signature _____

Date _____