

## SERVICE REQUEST FORM (SRF)

Please include this form with your shipment and email a copy to service@kinasmedical.com

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Company Name: Address: City / State / Zip Code: Cell Phone: Email: Please list the item(s) that you are sending for repair and describe the issue(s): Device(s) Description Briefly describe issue or purpose for service Please note that KMT is not responsible for any damages incurred during shipping. Please ensure proper packing of your item(s) before shipping. Use the original shipping box and packing materials if possible. It is important to use proper packing materials to prevent damage during shipping. We also recommend that you insure your equipment with your shipping provider. Please contact our Service Department at +1.770.612.8245 or service@kinasmedical.com with any questions. Additional Comments:

Thank you for your business!

Please specify how you would like us to contact you:  $\square$  **Phone**  $\square$  **Text**  $\square$  **Email**