



STATINA RETURN / REPAIRS DOCUMENT

Repairs Request Form HoverTech Products

Please return the product/s to **Unit 3, 30 Leighton Place, HORNSBY NSW 2077**

Statina Healthcare will not accept equipment that has not been correctly sanitised before return to our warehouse / inspection by service agent.

In order for us to process your request, please ensure you fill out all of the information requested below.

CUSTOMER INFORMATION:	
Local Health District:	
Hospital / Facility:	
Contact Name:	Title:
Phone Number:	Mobile:
Email:	
Second Contact (if available):	Phone Number:

PRODUCT INFORMATION:	
Date Purchased:	Invoice Number:
Product Code:	Serial Number:
Product Description:	

REASON FOR REPAIR REQUEST::
Please describe the problem in as much detail as possible:
New or repeat problem?

FOR INTERNAL USE ONLY:			
Date received:	Warranty:	YES	NO
Warehouse assessment:			
Action required:	REPAIR	REPLACE	
Service quote:	Service cost:		
Repair / Replacement dispatched:	Date dispatched:		
			Tracking number:

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