

# Diagnostic Imaging Systems

## CR Service Request Information Sheet

Please fill in the required information, and click the email button to send this form to us.

|          |                      |           |                      |
|----------|----------------------|-----------|----------------------|
| Company: | <input type="text"/> | Name:     | <input type="text"/> |
| Address: | <input type="text"/> | Date:     | <input type="text"/> |
| City:    | <input type="text"/> | Acct. #:  | <input type="text"/> |
| State:   | <input type="text"/> | Zip:      | <input type="text"/> |
| Phone:   | <input type="text"/> | PO#:      | <input type="text"/> |
|          | <input type="text"/> | Rec'd By: | <input type="text"/> |

**CUSTOMER BILLING CODE:** (Please check the method of payment desired. If you feel it is a warranty issue check the warranty box and we will discuss it and call you with a determination after we find out what the problem is and/or the repairs have been made.)

Billing Code: Cust Billing [ ] Credit Card [ ] Cont Serv [ ] Warranty [ ] Install [ ] Call Back [ ] Shop Serv [ ]

Credit card #

**SERVICE REPAIR TIME PRIORITY RATING:** (Check the box that fits your time frame need. It does not cost any more for an ASAP repair but please do not request it unless you really need it ASAP.)

Priority Rating: ASAP [ ] Next Day [ ] Two Days [ ] Three Days [ ] Non rush/within a Week [ ]

**Repair Problems/Symptoms for Customer's X-Ray Unit** Model:  Serial #:

Scanner Power [ ] Scanner Plate Control [ ] Image Quality [ ]  
Computer Software [ ] Eraser Function [ ] Storage Plate Damage [ ] Scanner Damage [ ]  
Shipping Case Damage [ ] Other [ ]

**Customer Comments & Complaints:** (Please include an accurate description of the problem/symptoms or work needed)

**Repair cost estimate requested before work is performed:** (Repair cost estimate will be given upon request. If the actual repairs are higher we will call before repairs are completed)

YES [ ] NO [ ]

**Trade Value Requested:** (A trade value estimate will be given before or after unit repairs are made when the box is checked.

Trade in estimate is based on the purchase of a new unit.) [ ]

At the bottom of page 2, there is shipping information and a signature needed.

=====T o be filled out by Service Person=====

**SERVICE PERSON:** (To be checked by the Service Person who receives this form)

Aaron [ ]      Tim [ ]

**Estimate for Above Problems:**

**Trade-in Value Estimate:** Before Repairs  After Repairs

**Serviceman's Corrective Action Report :**

**Parts Installed Date:**  **Part Number:**  **Description:**

**Quantity:**  **Amount:**

**Serviceman Special Comments:**

WORK COMPLETED [ ]    WORK NOT COMPLETED [ ]    Parts to be installed [ ]    Parts Ordered [ ]

Serviceman Remuneration 5 [ ] 10 [ ] 15 [ ] 20 [ ]    Date Returned

**Customer's Unit Repair Charges:**

**Scanner repair/maintenance done for a flat rate of \$2000 including up to \$500 in parts...any additional parts cost will be added to the bill.**

| Date                 | Labor                | Parts                | Shipping             | Tax                  | TOTAL                |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Service Person's Signature**

=====END Service Person Report=====

**Shipment Method & Priority in Days** (If you don't indicate a method of return, your package will be returned to you using regular

ground UPS.) Overnight [ ] Two Day [ ] Three Day [ ] Standard [ ]

FED-X [ ] UPS [ ] US MAIL [ ]

**CUSTOMER SIGNATURE:**

**Ship to:**

**Diagnostic Imaging Systems**

**2325 East Saint Charles Street Rapid City, SD. 57703**