



Send to: Broward A&C Medical Supply, Inc.
1533 SW 1st Way, Ste# F17, Deerfield Beach, FL 33441
Office: (954) 725-1470 Ext# 407
Fax: (954) 725-1168
Email: Repairs@MedicalGasSupplier.com

Dental Flowmeter Repair Request Form

Flowmeters repairs will be completed within 1-2 business days from receiving your approval and payment. Unless specified otherwise in your written estimate. Please fill out all fields, and use a separate form for each piece of equipment.

Please type directly into the form below, print it out, and include it with your repair shipment.

Customer Name: _____

Street Address for UPS/FedEx (no PO Box): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Which model flowmeter are you shipping in for service*? _____

Serial Number: _____

*Accessories: Please do not include nasal hoods, wrenches or keys, scavenging tubing, manuals, stands w/wheels, mounts, etc. We are not responsible for any accessories included with the flowmeter, they are sent at your risk.

What issues are you having with the Flow-meter?

Special Instructions

You will emailed an estimate prior to any repairs being completed on your flowmeter equipment. Upon your approval of the estimate, the credit card below will be charged for the full amount on the estimate. If you decline repair services your credit card below will be charged a service fee of \$75. The \$75 fee includes diagnostic time and return shipping.

Credit Card # _____ Exp _____ / _____ CCV _____

Cardholder's Name: _____ Billing Zip Code: _____

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www.medicalgassupplier.com