



Ship to: Broward A&C Medical Supply, Inc.
1533 SW 1st Way, Ste# F17, Deerfield Beach, FL 33441
Office: (954) 725-1470 Ext# 410
Mobile: (954) 395-9697
Email: Repairs@MedicalGasSupplier.com

Dental Flowmeter Repair Form

Flowmeters repairs will be completed within 1-3 business days from receiving your prior approval. Unless specified otherwise in your written estimate.

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\*? \_\_\_\_\_

List Serial Number(s) Below:

\_\_\_\_\_

\*Accessories: Please do not include nasal hoods, wrenches, keys, scavenging tubing, manuals, stands w/wheels, mounts, etc. We are not responsible for any accessories included with the flowmeter. Please protect your equipment by packaging it extremely well.

Describe in detail any issues are you having with the Flow-meter(s)?

Special Instructions

You will be emailed an estimate (within 1-3 business days) prior to any repairs being completed on your analgesia flow-meter equipment. Once we receive approval on your estimate, the credit card below will be charged for the full amount on the estimate. Entering a Credit Card below will make the process faster, it is not required to send in your unit(s). If you disapprove of the estimate, your credit card below will be charged for return shipping and handling fee. The \$50 fee covers diagnostic time, packing, and return shipping of your analgesia flow-meter unit(s).

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_ CCV \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

For Medical Gas, N2O sedation and Dental Vacuum Equipment, Hoses, Nasal hoods, and Parts, visit us online at:

www.MedicalGasSupplier.com