MEDONIC M SERIES

Service Request Form

Physicians Laboratory Equipment Services
m: 956.739.7749
PhysiciandLES@gmail.com

SECTION 1 CUSTOMER INFORMATION

Date | **Account / Practice Name** | **Attention (Contact Name)**

Email Address | **Phone Number** | **Current Service Address**

SECTION 2 INSTRUMENT INFORMATION

Serial Number | **Installation Date** | **Instrument Age** | **Close Tube (CT)?** | **Open Tube (OT)?**

SECTION 3 PROBLEM DESCRIPTION

Briefly describe the current issue and any error flags or codes displayed on the analyzer:

SECTION 4 PREFERRED SERVICE DATES

Please provide two preferred service dates. A technician will confirm availability within 24 hours.

	Preferred Date	9:00 AM	12:00 PM	Notes / Special Instructions
1		☐	☐	
2		☐	☐	

SECTION 5 SERVICE FEE & TERMS

Flat Service Charge: $499.00 + applicable tax
Includes: Up to 2.5 hours — evaluation, troubleshooting, standard maintenance & travel time

Important Notes:
- Additional charges apply if major components are required.
- You will be provided with an estimate before any parts are ordered
- Total service charges are due upon completion.

SECTION 6 AUTHORIZATION & SUBMISSION

By signing below, you authorize Physicians Laboratory Equipment Services to perform diagnostic evaluation and repair service on the instrument described above, under the terms outlined in Section 5.

Authorized by (Print Name) | **Signature** | **Date**

Please complete and email this form to:
CBCDiagnostics@gmail.com | PhysiciandLES@gmail.com
Questions? Call or text: 956.739.7749