

# 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	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

### SECTION 5 SERVICE FEE & TERMS

#### Flat Service Charge: \$450.00 + applicable tax

**Includes:** Up to 2 hours — evaluation, troubleshooting, repair (if parts available) & travel time

#### Important Notes:

- Additional charges apply if major components are required.
- Total service charges are due upon repair completion.
- A technician will provide an itemized estimate before any parts are ordered.

### 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