



# REPAIR REQUEST NOTE

PLEASE SEND RETURNS TO:

**PLEASE NOTE: ALL FIELDS ARE MANDATORY.**

Macquarie Medical Systems Pty Ltd  
Attn: Service Team  
Subject: REPAIRS/SERVICE  
301 Catherine Street, Leichhardt NSW 2040

Missing information may cause delays for your repair. Refer to page 2 for field explanations.

Your Details	
First Name	
Surname	
Company Name	
Email Address	
Invoice No	
Device Information	
Model	
Serial number (S/N)	
Items sent	
Fault Information	
Fault Frequency	
Fault Notes	
Repair Information	
Under Warranty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please Note:</b> Warranty repairs must have proof of purchase attached. If proof of purchase cannot be located, please see process below to have a copy sent to you	
Proof Of Purchase attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Courier Pick Up Information (charges may apply for Macquarie Medical Systems organising the courier)	
Contact Person	
Contact Device	
Pick up Address	
Pick up instructions	

# Field Explanations

## User Information

- Please ensure all of your details are correct. Repair quotes (if required) are sent to the email address listed in this section. Misspelt or incorrect email addresses can lengthen the repair process.
- Should MMS need to contact you in regards to the repair, the email address or contact phone number will be used.

## Hardware Information

- If the faulty device is under warranty, please provide 'Proof of Purchase' when returning the device. This includes a copy of your invoice or receipt with listed invoice number.
- To find your serial number you may need to look around your device or inside your device. It is also often located on the box it came with too.

## Fault Information

- Please provide as much detail as you can when filling out this section. This will assist the technician to quickly locate the fault and speed up the repair process.

## Repair Category

- Warranty repairs require 'Proof of Purchase' (POP). Please provide the POP with the faulty device in the return package.
- Liquid ingress and or impact damaged to your device, void the warranty

## Courier Information

- If the courier needs to see security or reception to pick up / or return the faulty device, or if there are any details that will help the courier locate you, please add these to the instructions.

## Definitions

- POP - Proof of Purchase
- MMS - Macquarie Medical Systems
- S/N - Serial Number

**For more information on our full terms and conditions, please refer to our website or the back of your invoice.**

**Macquarie Medical Systems Pty Ltd ABN 65 002 237 676 - Ph: 1800 810 074 EMAIL: [sales@machealth.com.au](mailto:sales@machealth.com.au)**

**MMS REPAIR REQUEST FORM VERSION 1.2 - MARCH 2016**