

DATE:

## Warranty Request FORM

**LUMENIS WARRANTY ORDER/PO #**

<p><b><u>Bill to Address:</u></b></p> <p>Adisat. S.A de C.V. Phone: 52 55 52110784 Fax: 52 55 52110793 Attn.:</p>	<p><b><u>Ship to Address:</u></b></p> <p>Adisat. S.A de C.V. Phone: 52 55 52110784 E-mail:</p>
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<b><u>Open call date and time:</u></b>	
Your service call reference number:	
Customer name:	
Address and phone number:	
<b><u>System model/type and Serial number:</u></b>	
<b><u>Installation Date:</u></b>	
<b><u>Handpiece(s) SN(s) and installed date:</u></b>	
<b><u>Total No. of Shots:</u></b>	
SW version:	
PN and SN of the accessories involved (Smoke evacuator, scanner, head, etc.)	
<b><u>List of requested items under warranty:</u></b>	
<b><u>Problem description:</u></b>	
Is the system down?	YES      NO
How long has the problem existed?	
Engineer's name and phone number:	
Actual status (parts used, calibration, adjustment, etc):	
<b><u>Comments/Details:</u></b>	

**PLEASE ADD AS MANY RELEVANT PICTURES AND DETAILS AS POSSIBLE**