

Ship to: SakoMed Biomedical Services

Service Request Form

27751 La Paz Rd. Ste A Laguna Niguel, CA 92677 (844) 433-7256 info@sakomed.com www.sakomed.com		SRN Number:			
Facility Name*		First and Last Name*	Email*		
Phone	ltem Type	Brand and Model	Serial Number		
Return shipping address					
Reason for Repair*					

Bill to address (If different than above)		
PO#		

Shipping Tracking Number	FedEx Account number for return			
List any accessories you are sending				
Requesting Loaner? (Y/N)				

OFFICE USE ONLY:

Sales Rep:			
Assigned Tech:			
Date:			
Repair Estimate#			

Thank you choosing SakoMod! any Concerns or Questions? Status on your Repair?

Please call (844) 433-7256 or Email info@sakomed.com