medelect
BIOMEDICAL SERVICES

EQUIPMENT REPAIR FORM

Please fill in all relevant information below and send your equipment and repair form to:

ATT: SERVICE DEPARTMENT
Medelect Biomedical Services
4/611 Hay Street
Jolimont WA 6014

Business Name:	
Main Contact Person:	
Address:	
Suburb:	
Postcode:	
Phone:	
Equipment Type:	
Model Number:	
Serial Number:	

Brief description of the problem you are experiencing: