

Calibration Parts & Repair



Has your screening equipment been calibrated or serviced lately?

Even though School Health® products meet strict quality and safety standards, most need regular maintenance to continue operating properly. Whether there's a problem or a routine checkup, the School Health® Calibration, Parts and Repair Department is there for you!

For years, our highly trained, certified technicians have been

repairing or recalibrating devices to ensure optimum performance. They are trained to understand the latest technologies and repair the newest devices to manufacturers specifications.

Your time is better spent helping students feel better, and you deserve to work with the most advanced and accurate devices available.

Repair Costs

Titmus units	\$90.00*/hour plus parts
Optec units	\$100.00*/hour plus parts
Vision repair rate	\$90.00*/hour plus parts
SureSight Calibration	\$277.00*/unit (additional charges may apply)
Audiometer calibration (air conduction only)	\$85.00*/unit
5 or more	\$70.00*/unit

Audiometer calibration (air conduction/bone)	\$105.00*/unit
Audiometer cal. check only	\$25.00*/unit
Audiometer cal. check/cleaning	\$40.00*/unit
Audiometer repair rate per hour	\$90.00*/hour
Tympanometer repair	call for pricing
Audx OAE cal. check/cleaning	\$185.00*/unit
OAE repair	call for pricing

*Shipping is not included in above prices. Prices are subject to change.

We Can H.E.L.P.

HEALTH EQUIPMENT LOANER PROGRAM is a service for School Health customers who purchased equipment from SH. It is a pool of loaner equipment that can be sent out to customers so they do not have any down time during servicing. They only need to coordinate when the loaners are available and return them to SH when they get their unit back.

Call for pricing and more details on our H.E.L.P. Program.

Repair Request

Complete the request below and submit with your unit in need of repair. Make a copy to keep for your records. Thank you!

School Health Corporation
ATTN: Calibration, Parts & Repair Dept.
865 Muirfield Drive
Hanover Park, IL 60133

FORMS & ORDERING INFO

Billing Information:

School/Organization Name _____ Attn to _____

Address _____ City _____ State _____ Zip _____

Return Equipment to this Location: (Same as above)

School/Organization Name _____ Attn to _____

Address _____ City _____ State _____ Zip _____

Contact:

Name _____ Phone Number _____ E-mail Address _____

Work Needed: (Please explain problems you're experiencing)

Repair: _____ Calibration _____

Equipment Cleaning _____ Other, please explain: _____

Product Information:

Vision Screener Audiometer Otoscope/Ophthalmoscope Blood Pressure Other: _____

Serial Number: _____ When Purchased _____ Where Purchased _____

Check One:

Fix Equipment as Specified. P.O.# _____ Call me with an estimate prior to repair.