

School Health Service Center Request Form

Billing Information:

School/Organization Name

Attention to:

Address

City

State

Zip

Return Equipment to this Location:

Check if same as above

School/Organization Name

Attention to:

Address

City

State

Zip

Contact:

Name

Phone

Email

Contact Title

Contact Department

Work Needed (Please note the service you need for each product)

1

Product/Model #

Serial #

Special Instructions

Calibration
Repair
Cleaning
Other

2

Product/Model #

Serial #

Special Instructions

Calibration
Repair
Cleaning
Other

3

Product/Model #

Serial #

Special Instructions

Calibration
Repair
Cleaning
Other

4

Product/Model #

Serial #

Special Instructions

Calibration
Repair
Cleaning
Other

Other Instructions (if needed)

Fix equipment as specified on
P.O. #

Call me with an estimate prior to repair

How did you learn about the Service Center?

Prior Service

Website

Catalog

Customer Service

Email

Conference

Sales Rep

Other

Shipping Instructions:

Fill out this form completely and make a copy for your records. Please enclose it with the product(s) you are sending for service and ship to:

School Health Corporation, ATTN: Service Center, 5600 Apollo Drive • Rolling Meadows, IL 60008