

**Biomed Service Request Form Date:**

|  |  |
| --- | --- |
|  |  |
| Customer: | **Contact/Phone:** |
|  |  |
| Customer Email: |  |
|  |  |
| Return Address:  | [ ]  **Check here if you would like for your item to be *Insured* for shipping back.**  |
|  |  |
| Item: | **Serial#:** |
|  |  |
| Description of Service Requested or Issue: |  |
|  |  |

**Thank you for choosing Cross Medical Instruments, Inc. for all your sales and service needs!**

**Ship to: 1525 Lakeville Dr. Suite#116 ● Kingwood, TX ● 77339**

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**Phone: 281-358-8949**