



# **REPAIR REQUEST NOTE**

PLEASE NOTE: ALL FIELDS ARE MANDATORY. Missing information may cause delays for your repair.

Refer to page 2 for field explanations. For more information on our full terms and conditions, please refer to our website <a href="https://www.macquariemed.com.au">www.macquariemed.com.au</a>, the back of your invoice or contact our service team on 1800 810 074 (or +612 9692 7911) or via email on service@machealth.com.au.

PAGE '

PAGE 1					
CUSTOMER DETAILS					
Contact Name					
Company Name					
(if applicable)					
Contact Phone					
Email Address					
DEVICE INFORMATIO	N				
Brand / Model					
S/N (Serial no.)					
ltems Sent (included with device)					
FAULT INFORMATION					
Fault Frequency					
Fault Notes					
REPAIR CATEGORY					
Warranty Claim?	( ) Yes (	) No	(	) Unsure	
Please Note: Warrant	y repairs mu	st have p	roo	f of purch	ase attached.
If proof of purchase/ir	ivoice canno	t be locat	ted,	please en	ter as much details about the purchase as you can for verification. (if
		acquarie	Med	dical Syste	ems or MoleMax Systems, please advise an estimated purchase
Purchased From: (Company Name)					
Invoice attached? Y/N					If not attached, please advise
				an estimated purchase date:	

#### PAGE 2

YOUR ADDRESS TO RETURN	DEVICES TO:
Contact Person	
Contact Phone	
Address	
Addiess	
Suburb, State, Post Code	
Courier Instructions	
(Drop Off)	
RETURN ADDRESS FOR REPA	MRS:
	Macquarie Medical Systems Pty Ltd
	Attn: Service Team
Via Post	Subject: REPAIRS/SERVICE
Via rost	PO Box 86, Leichhardt NSW 2040
	Australia
	Macquarie Medical Systems Pty Ltd
	Attn: Service Team
Via Courier	Subject: REPAIRS/SERVICE
	Dock 2, 35 Moore Lane, Lilyfield NSW 2040
	Australia

## **Important Information & Explanations**

#### **User Information**

- Please ensure all details are correct. Quotes (if required) are sent to the email address listed in this section. Misspelt or incorrect email addresses can lengthen the repair process.
- Should MMS need to contact you in regard to the repair, the Email address or Contact phone number will be used.

#### **Hardware Information**

- If faulty device is under warranty, please provide the 'Proof of Purchase' (POP).
- To find your S/N (serial number) you may need to look around your unit or inside your unit.

#### **Fault Information**

 Please provide as much detail as you can. This will assist the technician to quickly locate the fault and speed up the repair process.

### **Repair Category**

- Warranty repairs require the Proof of Purchase/Invoice. Please provide the POP with the faulty device
- Liquid ingression and or impact damaged to your device, are exempt from warranty

#### **Definitions**

- POP Proof of Purchase
- MMS Macquarie Medical Systems
- MMX MoleMax Systems
- S/N Serial Number