



PRODUCT REPAIR FORM

PLEASE ATTACH PROOF OF PURCHASE FOR ALL ITEMS RETURNED UNDER WARRANTY.

Complete and return the repair form together with the device and all product components (at your cost) to the applicable address below.

Within the Warranty Period- If the device is within warranty, the device will be checked, repaired and returned to you at no cost.

Outside of the Warranty Period- If the device is outside of the warranty period, the cost of repairing the device will be detailed to you before the commencement of the repair. This will be detailed in a quote and sent to you seeking authorisation to commence repair.

AUSTRALIAN Customers	NEW ZEALAND Customers
J.A. Davey Pty Ltd ATT: Service Department PO BOX 84 PORT MELBOURNE VICTORIA, AUSTRALIA 3207	BV Medical ATT: Repairs Department Unit 7, 110 Mays Road PENROSE AUCKLAND, NEW ZEALAND 1061

Alternatively, the device can be sent to a local JA Davey state office in Australia.

Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Contact Phone Number: _____

Email Address: _____

Is the unit under warranty: YES NO Copy of receipt attached:

Device Type: _____ Model Number: _____

Serial Number: _____ Date of purchase: ____ / ____ / ____

Brief description of the problem you are experiencing:

Should you require any further information please do not hesitate to contact us:

AUSTRALIA: 1800 807 464
www.omronhealthcare-ap.com.au

NEW ZEALAND: 0800 523 583
www.omronhealthcare-ap.co.nz