



# 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 ONEHUNGA 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.com.au

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