



## Repair Request Authorization

For Dapra Use Only:

DATE RECEIVED:

APPROVED:

EXPEDITE:  (May result in additional charges.)

### Customer Information: Bill To

Company Name		Purchase Order No.	
Contact Name		E-mail Address	
Phone		Fax	
Address			
City		State	ZIP Code

### Customer Information: Ship To

Same as Bill To Address

Company Name			
Contact Name		E-mail Address	
Phone		Fax	
Address			
City		State	ZIP Code

### Service Request Information

Return Shipment Method

### Equipment to be Evaluated, Serviced or Repaired:

Dapra Part #	Model No.	Serial No.	Description of Problem

### Return Address:

Please ensure "Dapra Service Center" is on the outside of the return package and a copy of this form is included in the package. The device should be sent to:

Dapra Corporation  
 66 Granby St  
 Bloomfield, CT 06002  
 Attn: Dapra Service Center