



# Repair Service Form

**Send repairs to:** Parkell, Att: Repair Department, 300 Executive Drive, Edgewood, NY 11717 USA  
**Phone:** 631-249-1134 • **Fax:** 631-249-1242 • **E-mail:** Repairs@Parkell.com

**\*\*Please fill out this form and include a copy of it with your repair. Please ship via UPS®, FedEx® or USPS®.**

Parkell does not issue pick-ups or shipping labels for repairs; you are responsible for the cost of returning the unit to us. If the shipment is lost or damaged during transit to us the responsibility for replacing the items is with the shipping company you selected. Because of this we strongly recommend that you insure the shipment for the full value of the items in it to protect yourself. **We recommend that you use UPS, FedEx or USPS (US Postal Service).**

**IMPORTANT: There will be a minimum service fee of 125.00 for all equipment outside of warranty. This service fee will include evaluation, the flushing of waterlines, cleaning the solenoid and replacing the water filter. Upon evaluation, if any further work is required a tech fee of 100.00 per hour, billed in 15 minute increments, will be charged, plus any parts required. All repairs include a 90 day warranty. An estimate will be prepared for your approval prior to work starting.**

**\*\*Before sending a Parkell® scaler unit back to Parkell based on a perceived need for repair due to performance issues with non-Parkell® inserts, it is strongly recommended that you review Parkell's warranty policy at [www.parkell.com/terms-conditions](http://www.parkell.com/terms-conditions). Such returned units which are found by Parkell to perform properly with Parkell® brand inserts might result in inspection costs and return-shipping costs for the customer.**

Name of Doctor: \_\_\_\_\_ Name of Practice: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Person in your office we can contact about this repair: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell Phone (If you would like to receive text messages regarding your repair): \_\_\_\_\_  
E-mail: \_\_\_\_\_

## DOCTOR USE ONLY:

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Preferred method of contact:  Phone  E-mail  Fax

Office hours: \_\_\_\_\_

Device: \_\_\_\_\_

Serial #: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Problem with Device: \_\_\_\_\_

**If your device has been modified**, e.g., foot pedal has been cut off, please indicate if you would like us to:

Leave the device in its modified condition, **OR**  Restore the device to original condition **Initial Here:** \_\_\_\_\_

**Out of Warranty repairs:** I authorize Parkell to repair my device for Minimum charge of 125.00 (see above) If the repair is over the authorized amount we will contact you first before proceeding with the repair.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PARKELL USE ONLY:

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Accessories Received: \_\_\_\_\_

Repair Estimate: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_