



300 Executive Dr.,
Edgewood, NY 11717 USA • Parkell.com

Equipment Service Form

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"Service needs" happen, and when they do, Parkell is here for you.

To ensure the most expeditious servicing of your Parkell equipment, please follow these simple steps:

1. **Obtain an RMA number** before shipping back your item by **calling Parkell at 888-605-8561** or by **email: repairs@Parkell.com**
2. **For the Safety of Parkell's Service Team**, please ensure that you sterilize and disinfect all surfaces and individual components of the device being returned as per the device instructions. Additionally, the internal waterlines of the scaler should be "shocked". Please certify below that such sterilization has been performed, by checking the box (immediately below) and signing where indicated. **IMPORTANT NOTE:** Parkell does not test scaler waterlines for biofilm, or shock scaler waterlines as part of our current standard service procedures.

Please check box and sign:

- ☐ **Yes, all components of the enclosed device have been sterilized or disinfected as per the device instructions, and internal waterlines have been "shocked" prior to shipping to Parkell's Service Team**

Signature: _____

Date: _____

What is the water source for your scaler?

- ☐ Bottle with tablets ☐ Bottle with straws ☐ Municipal ☐ Other? _____
Brand?: _____ Brand?: _____

QUESTION: Would you be interested in a service from Parkell that checks your scaler's waterlines for bacterial safety compliance (<500 CFU/mL), provides remediation if needed, and includes an independent lab certificate for auditors – all for about \$99?

- ☐ **Yes.** Why? _____
☐ **No.** Why? _____

3. **FOR THE MOST EXPEDITED SERVICE**, provide preauthorization for service/repair costs up to \$449 by completing the box immediately below (or by Parkell's Customer Care Team at the number listed above). In this manner, if it is confirmed via initial assessment by Parkell's Service Team that the cost for your service/repair will be \$449 or less, then Parkell's team will service your equipment in the most expeditious manner possible. **NOTE:** if it is determined that the necessary service/repair of your Parkell equipment exceeds \$449, Parkell will not proceed with such service/repair until we obtain your additional express authorization.

Preauthorization for Service/Repair Cost Up to \$449 (for most expeditious service): I authorize Parkell to proceed with the service/repairs of my non-warranted equipment up to a cost of **\$449** (inclusive of the \$125 diagnostic evaluation fee detailed below in #7) and excluding shipping, handling, tax. It is my understanding that if the anticipated cost for service/repair is greater than \$449, Parkell will contact me prior to proceeding with the service/repair.

Credit Card Information:

Card Number: _____ Expiration Date: _____ / _____ CVV: _____
MM YY

Last Name on Card: _____ Billing Address Street #: _____ ZIP Code: _____

Signature: _____ Date: _____

Critical Contact Information for Quick Service:

Mode of Communication (to be used by Parkell exclusively for communications related to servicing of your Parkell equipment)

Complete one or more to indicate your preferred mode(s) of communication

- ☐ Office Phone #: _____ ☐ Alternate Phone #: _____
☐ Email: _____

(Continued on back)

4. **Please double-check.** Before sending a Parkell® scaler back to Parkell other than the TurboSensor®+ (SKU# D660), which is engineered to work with all non-Parkell, market-leading 30k inserts, based on a perceived need for service due to performance issues with non-Parkell® inserts, it is strongly recommended that you review Parkell's [warranty policy](#). Returned units that are found by Parkell to perform properly with Parkell® brand inserts might result in inspection costs and return-shipping costs for the customer.

5. **Please fill out this form and include a copy of it with your repair.**

6. **Return Shipping Method:** We recommend that you ship via UPS®, FedEx®, or USPS® (United States Postal Service). **Please clearly write the RMA number you received on the outside of your shipping carton.**

a. Ship your item to: **Parkell, Inc.**

**Attn: Service Department,
300 Executive Dr., Edgewood, NY 11717 USA**

b. **IMPORTANT NOTE:** 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 are 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.

7. **Important Notes & Rate Information:**

- There is a minimum diagnostic fee of **\$125** for all Parkell equipment that is no longer under warranty. This fee is necessary to cover diagnostic evaluation of your Parkell equipment. Upon evaluation, if any further work is required a tech fee of \$100 per hour, billed in 15-minute increments, will be charged, plus any parts required. All repairs include a 90-day warranty. In the event that preauthorization is not granted (above in Section 3), an estimate will be prepared for your approval prior to work starting. Please note that the act of sending your equipment to Parkell's Service Team constitutes a consent to pay this \$125 minimum diagnostic fee.
- **If Parkell is unsuccessful in reaching you and/or obtaining the authorization needed for service work of your returned Parkell equipment, the unit will be disposed of 1 year from the first contact attempt. There will be an invoice of \$125 per unit if not covered under warranty.**

Name of Doctor: _____ Name of Practice: _____

Address: _____

City: _____ State: _____ ZIP: _____

Name of Person in your office we can contact about this repair: _____

Office Phone: _____ Alternate Phone: _____

Email: _____ RMA Number: _____

DOCTORS ONLY:

License #: _____ Expiration Date: _____

Office Hours: _____

Device Model: _____ Date of Purchase: _____

Serial #: _____

Describe Issue with Device: _____

Model of Insert: _____

If the problem is caused by an insert (no vibration, etc.), please provide us with your insert so we can evaluate it with the unit

If your device has been modified, ex., 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 its original condition Initial Here: _____

PARKELL USE ONLY:

Date Received: _____ By: _____

Device Model: _____ Serial #: _____

Accessories Received: _____