



Equipment Service Form

“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.
2. **For the most expedited service**, provide preauthorization for service/repair costs up to \$298 by completing the box immediately below (or by Parkell's Customer Care Team at the number listed above). In this manner, as long as it is confirmed via initial assessment by Parkell's Service Team that the cost for your service/repair will be \$298 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* \$298, Parkell will not proceed with such servicing/repair until we obtain your additional express authorization.

Pre-Authorization for Service/Repair Cost Up to \$298 (for most expeditious service)	Printed Name	Signature	Date	Credit Card Information (card number, expiration date, CVV number, billing address/zip code, and full name of the card holder)
I authorize Parkell to proceed with service/repairs of my non-warranted equipment up to a cost of \$298 (inclusive of the \$125 diagnostic evaluation fee detailed below in #6). It is my understanding that if the anticipated cost for service/repair is greater than \$298, Parkell will contact me prior to proceeding with the service/repair.				

Critical Contact Information for Quick Service:

Preferred Mode of Communication (<i>***to be used by Parkell exclusively for communications related to servicing of your Parkell equipment</i>)		
Complete one or more to indicate your preferred mode(s) of communication.	Text:	
	Call:	
	Email:	

3. **Please double-check.** Before sending a Parkell® scaler back to Parkell other than the TurboSensor+ (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.
4. **Please fill out this form and include a copy of it with your repair.**

5. **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**
Phone: 888-605-8561 • Fax: 631-249-1242 • email: repairs@Parkell.com

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.

6. **Important Note & Rate Information:** There is a minimum diagnostic fee of **\$125** for all Parkell equipment that's 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. 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.

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: _____

RMA Number: _____

DOCTOR USE ONLY:

License #: _____ Expiration Date: _____

Preferred method of contact: ☐ Phone ☐ E-mail

Office hours: _____

Device: _____

Serial #: _____ Date of Purchase: _____

Problem with Device: _____

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: _____

Accessories Received: _____

Repair Estimate: _____ Approved By: _____ Date Approved: _____