



## Criticare Service Form

Date \_\_\_\_\_

Company \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City St Zip \_\_\_\_\_

Model # \_\_\_\_\_

Serial # \_\_\_\_\_ (9 digits)

Describe the service needed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you need a loaner?

No

Yes (*with UPS return label*)

Just need a box for safe shipping (*with UPS return label*)

**Print and return by fax 840-424-0188**

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804-262-0662 phone [contact@cordellmed.com](mailto:contact@cordellmed.com)