

Diagnostic Imaging Systems

Portable X-Ray Service Request Information Sheet

Please fill in the required information, and click the email button to send this form to us.

Company:	<input type="text"/>	Name:	<input type="text"/>
Address:	<input type="text"/>	Date:	<input type="text"/>
City:	<input type="text"/>	Acct. #:	<input type="text"/>
State:	<input type="text"/>	Zip:	<input type="text"/>
Phone:	<input type="text"/>	PO#:	<input type="text"/>
		Rec'd By:	<input type="text"/>

CUSTOMER BILLING CODE: (Please check the method of payment desired. If you feel it is a warranty issue check the warranty box and we will discuss it and call you with a determination after we find out what the problem is and/or the repairs have been made.)

Billing Code: Cust Billing [] Credit Card [] Cont Serv [] Warranty [] Install [] Call Back [] Shop Serv []

Credit card #

SERVICE REPAIR TIME PRIORITY RATING: (Check the box that fits your time frame need. It does not cost any more for an ASAP repair but please do not request it unless you really need it ASAP.)

Priority Rating: ASAP [] Next Day [] Two Days [] Three Days [] Non rush/within a Week []

Repair Problems/Symptoms for Customer's X-Ray Unit

Model: **Serial #:**

Calibration [] Control Indicators [] No Exposure [] Collimator []

Intermittent Exposure [] Light Exposure [] Dark Exposure [] Error Code []

Arcing Sounds [] KVP [] MA []

Customer Comments & Complaints : (Please include an accurate description of the problem/symptoms or work needed)

Repair cost estimate requested before work is performed: (Repair cost estimate will be given upon request. If the actual repairs are higher we will call before repairs are completed)

YES [] NO []

Unit Recalibration performed for \$450, a \$50 discount while performing repairs when this box is checked []

(We will recalibrate your x-ray unit for \$50 off the normal recalibration fee of \$500 when you check this box)

Trade Value Requested: (A trade value estimate will be given before or after unit repairs are made when the box is checked.

Trade in estimate is based on the purchase of a new unit with similar output ratings.) []

At the bottom of page 2, there is shipping information and a signature needed.

=====To be filled out by Service Person=====

SERVICE PERSON: (To be checked by the Service Person who receives this form)

Aaron [] Tim []

Estimate for Above Problems:

Trade-in Value Estimate: Before Repairs After Repairs

Serviceman's Corrective Action Report :

Parts Installed Date: **Part Number:** **Description:**

Quantity: **Amount:**

Serviceman Special Comments:

WORK COMPLETED [] WORK NOT COMPLETED [] Parts to be installed [] Parts Ordered []

Serviceman Renumeration 5 [] 10 [] 15 [] 20 [] Date Returned

Customer's Unit Repair Charges: Service labor service repair charge \$125.00/hour plus diagnostic fee

Date	Diagnostic Fee	Labor	Parts	Calibration	Shipping	Tax	TOTAL
<input type="text"/>	\$200	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Service Person's Signature

=====END Service Person Report=====

Shipment Method & Priority in Days (If you don't indicate a method of return, your package will be returned to you using regular ground UPS.) Overnight [] Two Day[] Three Day[] Standard[]
FED-X[] UPS[] US MAIL[]

CUSTOMER SIGNATURE:

Ship to:

Diagnostic Imaging Systems

2325 East Saint Charles Street Rapid City, SD. 57703

Portable x-ray unit request for service work order PO number information and fee schedules

1). Client will Issue basic request for service PO's in advance for all work DIS is to perform on client portable x-ray units as shown.

Portable x-ray service repair PO's and Fee schedule

PO# C1.. Calibration flat fee.....	Price client \$350.00
PO# E1.. Evaluation flat fee.....	Price client \$200
PO# H1.. Hourly Service Fee.....	Price client \$150/hour
PO# S1.. Hand Switch repair flat Fee....	Price client \$100

PO#'s for service repair work orders may be combined into a single PO based service request on multiple repair requirement into a single unit PO. As follows

C1+E1.....	Calibration + Evaluation
C1+H1.....	Calibration + Hourly Service
C1+E1+H1..	Calibration + Hourly Service + Evaluation
E1+H1.....	Evaluation + Hourly Service

2). DIS will bill the client directly for all the client approved work performed by DIS.

3). Client will pay DIS invoice for any and all the client approved work DIS performed on their clients unit based on original request for service PO.

Plus any additional service work made necessary due to unforeseen additional client approved repairs performed outside the scope of the original request for service PO.

4). DIS will provide client a service work invoice which will have shown the service work labor and parts charge for work performed on client portable x-ray units.

5). Client will pay DIS service work invoices upon unit shipment back to client unless requested as net 15 or net 30 time table for payment.

*Shipping fees to be added to DIS repair invoice and billed to client