

## **SERVICE BOOKING FORM**

## Complete the form below to book a service or repair and send to service@ems-oceania.com

First Name		Last Name		
Email				
Phone		Mobile		
Clinic Name			Postcode	
State/Country				
_	re multiple devices/handles the ed to submit a form for each lo	=	he same location. If y	ou have more
Select the required service	2:			
ANNUAL SERVICE				
Select your device:	Dolorclast Classic	Dolorclas	st Master Do	olorclast Smart10
	Dolorclast Smart20	Dolorclas	st New radial	
Classic	Master New I	Radial	Smart10	Smart20
HANDLE REVISION	I KIT			
Select your Handle:	EVO BLUE Revision	NEW BLU	JE Revision	
WORKSHOP REFUI	RBISHMENT			
Select your Handle:	EVO BLUE Workshop R	Refurbishment	NEW BLUE Works	shop Refurbishment
	POWER + Workshop Re	Standard Worksh	Standard Workshop Refurbishment	
			DAMP for Description	
NEW Blue	EVO Blue	Power +	Standard	



## **SERVICE BOOKING FORM**

Time preferred:							
	Immediately		in 1-2 months	in 3-4 months			
	in 4+ months		not right now				
Addi	tional Comments:						

Please send your completed form to: service@ems-oceania.com