

Ship to: ATTN ReNew Biomedical Services
10340 Bluegrass Parkway
Louisville, KY 40299

Sales Rep: _____

COMPANY

Company Name	
Billing Address	

SHIPPING

Ship-to Address (if different from billing)		
Blind Shipment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CONTACT

Contact Name	
Contact Email	
Contact Phone	

DEVICE

Device Type (make and model)		
Serial Number(s)		
Accessories included (if applicable) Eg: Batteries, chargers, cables, sensors, etc.		
Detailed description of issue		
PM/Service Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Under Warranty? <input type="checkbox"/> Yes <input type="checkbox"/> No

ORDER

PO Number (if available)		
PM Preapproval	<input type="checkbox"/> Yes	<input type="checkbox"/> No

FOR OFFICE USE ONLY:

Received by:	Service Request #:	PM Quote #:
Confirmation sent by:	Repair Quote #:	
PM Job #:	Tech:	Date:
Repair Job #:	Tech:	Date:

Form LSRQ.00 – ReNew Louisville Service Request Form | Approved by S. Lutz [Sept 16, 2024]

Thank you for using ReNew Biomedical Services, a partnership with Master Medical Equipment

Abandon product. If you have not claimed your product and paid all charges due within sixty (60) days after being notified by ReNew Biomedical that your product is available to be returned to you, ReNew Biomedical will consider your product abandoned. ReNew Biomedical may dispose of your product in accordance with applicable provisions of law, and specifically, may sell your product without liability to you. ReNew Biomedical reserves its statutory and any other lawful liens for unpaid charges. By sending device(s) to ReNew for repair, customer acknowledges that any repairs performed by ReNew may impact manufacturer warranty coverage. Customer is responsible for awareness of manufacturer warranty.