

Philips Healthcare Canada Bench Repair Form

Philips Healthcare requires this form to be completed and included with the defective product being sent in for repair. Please create a photocopy of this form for your records and refer to the following guidelines:

1. Complete the Pre-Authorization section
2. Provide a Purchase Order number (if you do not have contract/warranty coverage) for the repair
3. Print this document
4. The customer is responsible for completing the Repair Form in full and sending this along with the product to the Customer Repair Center. (Note: Do not send items such as power cords, batteries, patient cable and accessories unless specifically requested. Philips Healthcare is not responsible for these items if they are not requested)
5. Write your Service Work Order # (noted below) at the top of Page 2 (shipping label)
6. Fold page 2 and attach shipping label to the outside of the box
7. Return product to the Canadian Customer Repair Center at the address shown below
8. For your reference, please make note of your Service Work Order #, tracking number and shipping date

Please fill out the following to the best of your abilities to cut down on the amount of time the device is away for repair, Bench repair team may contact you should they require further information.

1. Ship product and completed form to the Canadian Repair Center Address:

Philips Canadian Bench- MTC Medical Repair 314 Bennett Rd, Bowmanville, ON L1C0Y6

2. Please notate the following below and save a copy for your records:

Case#	Model#	
Software Release:	Serial#	
Installed Product Number:		
Language (Circle or check one)	<input checked="" type="checkbox"/> English	<input type="checkbox"/> Français
Account Name:	Customer Contact Name:	
Email Address:	Phone:	
Contract or Warranty Number:	Purchase Order#:	

3. Return repaired device to THIS address:

Return to Facility Name:	Return to Contact Name:
Street Address:	City:
Province:	Postal Code:
Return to contact phone#	

Pre-Authorization (mandatory – to be completed by customer):

- ☐ I pre-authorize any repairs less than or equal to \$.00 CAD
- ☐ No – Please send me an estimate before doing any repair work.

Customer Signature _____

Date _____

Please note: If the estimate is declined, and evaluation fee of \$390 for labor will be invoiced

Terms & Conditions:

1. The customer is responsible for ensuring that products are shipped to the address mentioned above. Philips Healthcare will not assume responsibility for delays or costs associated with misdirected shipments.
2. The customer is responsible for calling the Philips Customer Support Center (1-800-567-1080) to log the service call and obtain a Case/Reference number before sending in any products to the Customer Repair Center.
3. The customer is responsible for completing the Repair Form in full and sending this along with the product to the Customer Repair Center.
4. In accordance with county specific Transport Regulations, the customer is responsible for ensuring the product is clean and free of any biological hazards. Devices that do not appear to meet such requirements will be returned.
5. The customer is responsible for ensuring that all equipment is packaged and shipped properly to the Customer Repair Facility. Philips Healthcare is not responsible for any damages to shipments made to our facilities. Devices where shipment damage is suspected will be subject to our Damaged Shipment Process. Philips Healthcare will assume responsibility for returned shipments.
6. Repair work performed by Philips Healthcare Technicians is covered by a 90 day warranty.

The customer is responsible for paying all shipping costs to the Customer Repair Center. Philips will not accept COD Shipments. Philips will pay all return shipping costs for systems under warranty/contract. If the system is not under warranty/contract, a \$15 charge will be applied for return shipping costs.