

Stethoscope Repair Return Form

See next page for shipping instructions

We treat your stethoscope like you treat your patients – we like to get a good history. Please fill out this brief form and include it in the package when you send your stethoscope. (If you have corresponded with us via email, please print and attach the email, and simply supplement any missing information below. This helps us correlate all information.)

Shipping Information (legible please)

Name: _____

Return Shipping Address: _____

Communicating With You

If we need to contact you, we strongly prefer email communication.

Email Address (legible please): _____

Best Telephone Number to Contact You: _____

Your Stethoscope

Purchased From (Company): _____ Date Purchased: _____

Serial Number (inside battery cover eg 508-1234): _____

Are you a Thinklabs Intelligent Protection Member? Yes

If so, please attach COPIES of invoice and documents showing proof of coverage.

Contact us if you do not have these documents - you may be registered.

Description of Problem: _____

Product Feedback (Optional)

Your opinion matters! How you like the stethoscope, in which clinical situations or example cases have you found it to be beneficial? Any problems or improvements you'd like to see?

Thinklabs may publish excerpts of my comments and use my name.

Return Shipping Instructions

1. Fill out the form on Page 1.
2. Package your stethoscope, with the form, in a suitable shipping box. Your original packaging is ideal and strongly recommended.
3. Ship to:

Thinklabs Medical – Service
6571 South Pontiac Court
Centennial, CO 80111

Tel: 303-521-5023

Mailing Label for your convenience

Thinklabs Medical – Service
6571 South Pontiac Court
Centennial, CO 80111