

ALMA LASER CUSTOMER SERVICE REPORT
 (Important: Send this format to mail: soporte@adisat.com)

Distributor Name:		
Address:		
City:	State:	ZIP Code:
SERVICE REPORT NUMBER:		OPEN CALL DATE:
Customer Name:		
Address:		
City:	State:	ZIP Code:
Status of Call:	Reported By:	
NATURE OF PROBLEM:		
Problem Reported:		
System Down: Yes No	Equipment Type:	
System Serial Number:	Install Date:	SW Version:
Serial number of Handpiece Involved:	Handpiece Number of Pulses:	
Location of Installation:		
SERVICE DETAILS		
Defects found on inspection:		
Service Activities:	Status after Service: Complete Incomplete Pending for spares Under Observation Working solution provided	
Parts Replaced:		
Technician Comments:		
Events: (Date)	Events: (Date)	Events: (Date)
Start of Service:	Start of Service:	Start of Service: