

SERVICE CALL REPORT FORM

Laser products support

Attn: Lumenis Service Dept.

PO - Number: _____

Email: _____

Phone: _____

 (Important: Send this format to mail: soporte@adisat.com)

Open call date and time:	
Reference number call service (Country Code + 6 digits):	MX - Number:
Customer name:	
Address and phone number:	
System:	
System serial number:	
System installed date:	
No. of Shots:	
SW version:	
Serial number of the accessories involved (Smoke evacuator, scanner, head, etc.):	
Problem description:	
Is the system down?:	YES: _____ NO: _____
How long does then problem exist?:	
FSE name and phone number	
Current status (used parts, calibration, adjustment, etc):	
Comments:	