

Service Request Form

Please Select Service Level:

Prior Authorization required

Normal

Tier 1

Tier 2

Please fill out all applicable fields as thoroughly as possible to avoid delays. Send request form, along with equipment, to:

	600 NW	124th St. OKC,	. OK 7311	4	L			Next on Ben	nch Typically within 72 Hrs	
F			-		these fields	could lead to	o holds	until inform	ation is captured.	
Date	;	Co	mpany				Cust. Name			
Phon	ne			Email*						
Ship	Shipping Address									
City			State		Zip			Departme	ent	
	Equipm	ent Descri	ption		will use your ema all for more serio			ions about your equipment. We		
	Make		<u>. </u>	Model			Serial #		ID#	
1										
2	<u> </u>									
3	<u> </u>									
4	<u> </u>									
5										
6	<u> </u>									
7	 								<u> </u>	
8	 		+							
9	 		+						-	
11	 		+						1	
12	+		+			+			<u> </u>	
13	+		+							
14	 		+							
15			+							
Path	All equipment must be free of Bloodborne Pathogens before shipment to HDCL Purchase Order									
Re	eturn Opti	ions				T divided order				
	Next Day	Preferred shippin	ng method*	(optional):	PO#					
1	2nd Day	Carrier			C	Call for Payment				
1	Ground	Account #			1	*If poin	t of <u>co</u>	ntact <u>for pa</u>	ayment is different than	
	Courier		Services will be p					re please!		
	Call for Pic	ck-Up	unless otner	erwise specified	Name			Pho	one	
	(VVIII Caii)				Email					
2700	One significant transfers of Explanation of Dyahlam									
Special Instructions / Explanation of Problem										