

## Ship To: BIOMEDICAL SERVICES 4001 S. Decatur Blvd. #37-349 Las Vegas, NV 89103

Date:	(check one box only) Service Complaint			
MODEL NUMBER	SERIAL NUMBER			
BILL TO: DISTRIBUTOR:	CUSTOMER INFORMATION: NAME:			
INTELLIGENT BIO INC. 317 N. EL CAMINO REAL SUITE 407 ENCINITAS, CA 92024	COMPANY:ADDRESS:CITY:STATE:PHONE:FAX:EMAIL:			
	L SHIPPING INSTRUCTIONS:			
DETAILED DESCRIPTION: (PLEASE TYPE OR PRINT)				
REPLACE ACCESSORY PO REPLACE BROKEN HAND BATTERY				

REPLACE	REPACE IF MARGINAL	
ATTEMPT TO RECOVER	DO NOT REPLACE	

## DO NOT ALTER TAPE OR STAPLE THIS FORM

Form F-032-01 - Version B (01/16/20)