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## REPAIR REQUEST

Please print this entire form and send it with your product to the address below.

Your Name: \_\_\_\_\_

Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_

Serial Number: \_\_\_\_\_ (this is on the back of the unit)

State the problem:

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**All equipment has a 1 year warranty for manufacture defects. If it is determined that the unit is covered under the warranty parts, labor and shipping will be covered by Clear Mind Center.**

**\$150 repair cost + shipping**

If the unit is out of warranty or it has been determined that the unit was damaged by accident or abuse, the minimum repair cost will be \$150 plus shipping. If you are shipping, you assume all liability for loss or damage. Once we have the unit, we will contact you if the amount to repair your unit is higher.

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**Shipping Information: Clear  
Mind Center Repairs  
21870 Hancock Lane  
Nathrop, CO 81236**

Provide Credit Card Info:

CC# \_\_\_\_\_

Exp date: \_\_\_\_\_ CCV# \_\_\_\_\_

Billing Address:  
\_\_\_\_\_