



Please fill out the form completely.

Information:

Company Name: _____	Date: _____
Address: _____	Contact Name: _____
_____	Phone: _____
_____	Email: _____

Coil Information:

OEM/System: _____	Coil Description: _____
Field Strength: _____	Coil Part Number: _____
Frequency of System: _____	Coil Serial Number: _____

Issues related to this Coil: (Check all that apply)

Will Not Scan:	TR Driver Fault	Loss of Signal	Coil ID Problem	
SNR:	Low Signal	Grainy Image	Poor contrast	
	(If Low Signal):	Channel: _____	SNR Value: _____ SNR Spec: _____	
Artifact:	Localized	Bright Area	Dark Hole	Shading
Homogeneity:	Poor Uniformity	Fat Saturation		
Mechanical Damage:	Housing	Output Cable	Connector	Other: _____
Which sections, modes or channels have the problem? _____				
How long has the current problem been existent? _____				
Are any of the problems intermittent?	Yes	No		

Brief Description of part failure:

Coil Purchase & Repair History:

Did you purchase this coil new? _____ If not, how long have you been using it? _____

Has this coil been previously serviced/repared? _____ If so, who serviced it previously? _____

If so, what was the issue with the coil? _____

Shipping Information:

Shipping Terms: Collect Add to Invoice	Shipping Account #: _____
Return Shipping Address:	Ship via: FedEx UPS Other: _____
	Speed: Next Day 8am Next Day 10am Next Day PM
	2nd Day Ground Freight

PO#:
