



Mobile Ice Return Product Insert & Packing Slip

Section I			
Return Requested by (Name):		Date:	
Facility Name:			
Address:			
City:		State:	Zip:
Telephone #:		Email Address:	
Serial Number:			
Reported Problem:			
Shipping Instructions			
<p>Empty water out of cooler. Clean and disinfect. Properly package to ensure protection during shipping. Place completed form in the package. Return cooler via desired shipping method to Adroit Medical Systems.</p> <p style="text-align: center;">Attention: Mobile Ice Repairs 1146 Carding Machine Road Loudon, TN 37774</p> <p style="text-align: center;">Phone: 865.458.8600 Fax: 865.458.0880</p>			
Internal Use Only			
Repairs Made and/or Parts Replaced:			
Total Repair Cost (\$0 if warranty)	Parts Repair Cost	Labor Repair Cost	Repair PO#
Repaired By:		Date:	
Comments:		Attach Return Shipping Label Here	