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| --- | --- |
| Company Name: TRANSCEND MEDICAL  | Account Number: 0010103840 |
| Contact Name: Josh Miller  | Phone Number: 256-259-3123 |

The purpose of this form is to permit Respironics’ customers (“Purchaser”) to provide Respironics a request and information for Respironics to update the warranty start date for a serialized device from the date of purchase to the date the serialized device was setup on patients.

Requirements:

* Do not list any patient data on this form.
* For moving dates forward, provide a serial number and Setup Date for each piece of equipment for which Purchaser requests a change to the warranty start date. Example: A PAP/Heater/Modem serial number must be provided to request changes.
* A signature and date.
* Warranty start date change requests will only be accepted when requested within the standard warranty period of the device in question.

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| --- | --- | --- |
| **Serial Number** | **Setup Date** | **RA Number** |
|   |   |   |
|   |   |   |
| Click here to enter serial number | Click here to enter setup date | Click here to enter RA number |
| Click here to enter serial number | Click here to enter setup date | Click here to enter RA number |
| Click here to enter serial number | Click here to enter setup date | Click here to enter RA number |
| Click here to enter serial number | Click here to enter setup date | Click here to enter RA number |

**By signing this form you certify that the information provided is true and accurate to the best of your knowledge. To validate the warranty start date change, please sign below indicating your authorization to sign and deliver this document on behalf of the Purchaser and return it to** **Respironics.repair@philips.com** **or fax to 855-500-4202.**

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| --- | --- |
| Print: |  |
| Sign: | Date: |