



EnDrive Service Request Form

After completing the form, please email a copy to equipsupport@kometusa.com and print a copy to include in the return shipment.

First Name:

Last Name:

Date of Purchase:

Customer Account Number:

Practice Name:

Phone Number:

Email Address:

Practice Address:

State:

Zip Code:

City:

Serial Number:

Tax ID:

*TAX ID# is a legal requirement for shipping medical devices and is needed for business tax verification purposes only. It will be protected by law- strictly confidential.

Description of Issue:

Please mark which of the following are included in the box being shipped to Uptime Health, 10820 75th Street, Seminole, FL 33777



EnDrive Unit

Apex Cable

Motor

Power Plug

Contra-angle

Signature:

Date:



888-KOMETUSA



info@kometusa.com



kometusa.com