ResMed Asia Pacific Service Request Form

Return address: Attn: Service Centre. 1 Elizabeth Macarthur Dr. Bella Vista, NSW 2153

i Outlet Contact Details (Fields marked with * are mandatory)

***Reported By**	Steven Bradbury	***Phone**	02 49213144
***Outlet Name**	John Hunter Hospital	**Fax**	Fax No,
***Outlet Address**	Lookout Road, New Lambton Heights, NSW, 2305	***ResMed Account No.**	ResMed Acc. No.
***Email**	steven.bradbury@health.nsw.gov.au		
***Patient Name**	First Name: First Name	**Surname**	Surname
***Equipment**	ResMed Owned ☐ Outlet Owned ■ Patient Owned ☐		DVA Client ☐ *Fill in DVA info below*

ii ResMed DVA Client Information (if applicable)

DVA File no.	File No.	**DVA Card Type**	**GOLD / WHITE** (circle)
DVA Address	Address	**Gender**	**M / F** (circle)

iii Product Details (Fields marked with * are mandatory)

***Product Code**	28012	**sleepvantage member No.**	Member No
***Product Name**	Lumis 100 VPAP S	***Date of Purchase**	Date of Purchase
***Serial No.**	22171157183	***Warranty details**	Warranty details.
Mask Type	Mask Type/Name Unknown	**Date Problem occurred**	Problem occurred 21/06/2019
Hourmeter reading	Hourmeter reading	**Pressure Settings**	Pressure Settings
Additional Items being sent. *Tick all applicable* *	Humidifier ☐ SD Card ■ Tubing ☐ Bag ☐ Serial No. Provide Serial NO.		
***Detailed Problem Description**	The VPAP has a broken button preventing the device from beginning therapy.		

Service Centre Only

ResMed Service Request No. (SR#)	….	Distributor reference /PO No. (if applicable)	….	DVA Approval No. (if applicable)	….

When completed, Please email to service@resmed.com.au or fax (02) 8883 3119