



Customer Repair Report

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|-----------------------------------|--------------------------|--------------------------|---|----------------------------------|-----------------|
| Model OTHER | Serial Number 1170179 | Manufacture Date | RMA Number 03047 | IRIDEX Service Contact Mark W | Completion Date |
| Customer Name Sparrow Hospital | | Customer Number 22231 | Repair Type <input type="checkbox"/> Warranty <input checked="" type="checkbox"/> non-warranty <input type="checkbox"/> Upgrade <input type="checkbox"/> Other | | |

Customer Description of Problem

CABLE ISSUES

Technician Product Evaluate:

Cannot test due to burnt assembly fiber optic, broken control stem, burnt halogen bulb, missing headband rear cushion and will need alignment.

Service Performed on Unit:

Waiting for customer approval

ITEMIZED REPAIR CHARGES

| Part Number | Price/Unit | Quantity | Description | Total Price |
|------------------|------------|----------|--|-------------|
| 88080 | | 1 | Jumper Assy Multilam LIO+ | \$ 984.00 |
| 12685 | | 1 | CONTROL STEM KNOB L & R VIEWING P/N: 11.65 38 | \$ 110.00 |
| 12687 | | 1 | BEAM CONTROL STEMS HEINE SUPPORT KNOBS P/N: 11.65 15 | \$ 125.00 |
| 10784 | | 1 | LIO Halogen Bulb-10W/6V Heine: X-004.88.068 | \$ 135.00 |
| 11481 | | 1 | DUST CAP W/LANYARD DART: IRIS DWG: | \$ 3.00 |
| TECHNICIAN HQ | | 4.5 | Technician Labor | \$ 1,282.50 |
| 15432 | | 1 | HEINE REAR CUSHION P/N: Z-110.64.900 (KOPFPOLSTER) | \$ 158.47 |
| BILLABLE FREIGHT | | 1 | BILLABLE FREIGHT | \$ 196.70 |

TOTAL CHARGES **\$ 2,994.67**

Repaired products may contain reconditioned parts, but those are subject to the same specification and quality control standards applied to new materials and are warranted as such. The labor and parts are guaranteed for 90 days after the ship date of the product. Items not covered in the warranty are stated in the IRIDEX Standard Warranty Statement. Your signature below acknowledges the responsibility for payment of the listed charges. Freight and sales tax will be added where applicable.

Print Name:

Signature:

Date: