



Customer Repair Report

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|--|--------------------------|--------------------------|---|----------------------------------|-----------------|
| Model OTHER | Serial Number 1347104 | Manufacture Date | RMA Number 02473 | IRIDEX Service Contact Mark W | Completion Date |
| Customer Name Medical Center Ophthalmology Associates | | Customer Number 19183 | Repair Type <input type="checkbox"/> Warranty <input checked="" type="checkbox"/> non-warranty <input type="checkbox"/> Upgrade <input type="checkbox"/> Other | | |

Customer Description of Problem

Mirrors out of alignments

Technician Product Evaluate:

Cannot test due to Twisted and broken assembly fiber optic, burnt halogen bulb, wrong extension cable, bent control stem, wrong LIO case foam, headband missing LIO very dirty and will need alignment.

Service Performed on Unit:

Waiting for customer approval

ITEMIZED REPAIR CHARGES

| Part Number | Price/Unit | Quantity | Description | Total Price |
|------------------|------------|----------|--|-------------|
| 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 |
| 87603 | | 1 | LIO EXTENSION CABLE(CS) | \$ 812.00 |
| 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 |
| TECHNICIAN HQ | | 4.5 | Technician Labor | \$ 1,282.50 |
| 11915 | | 1 | FOAM SET LIO CARRY CASE | \$ - |
| BILLABLE FREIGHT | | 1 | BILLABLE FREIGHT | \$ 191.60 |

TOTAL CHARGES **\$ 3,643.10**

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: