



Customer Repair Report

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|--|------------------------|--------------------------|---|----------------------------------|-----------------|
| Model OTHER | Serial Number L3155 | Manufacture Date | RMA Number 02758 | IRIDEX Service Contact Mark W | Completion Date |
| Customer Name Alta Bates Medical Center | | Customer Number 12832 | Repair Type <input type="checkbox"/> Warranty <input checked="" type="checkbox"/> non-warranty <input type="checkbox"/> Upgrade <input type="checkbox"/> Other | | |

Customer Description of Problem

UNABLE TO CENTER THE IMAGE, VERY SHIP TO ADDRESS

Technician Product Evaluate:

Cannot test due to Twisted and burt assembly fiber optic, wrong and burnt halogen bulb, missing eyepiece rubber, loose viewing assembly from T-slot adapter 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 |
| 11481 | | 1 | DUST CAP W/LANYARD DART: IRIS DWG: | \$ 3.00 |
| 10784 | | 1 | LIO Halogen Bulb-10W/6V Heine: X-004.88.068 | \$ 135.00 |
| 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 |
| 30628 | | 2 | EYEPIECE RUBBER P/N: 11.65 29 | \$ 50.00 |
| TECHNICIAN HQ | | 5 | Technician Labor | \$ 1,425.00 |
| BILLABLE FREIGHT | | 1 | BILLABLE FREIGHT | \$ 53.60 |

TOTAL CHARGES **\$ 2,885.60**

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: