MEDICAL EQUIPMENT & WARRANTIES

Hearing aids, wheelchairs, lifts, oxygen, CPAP, hospital bed. Tip: also tape the repair number to the equipment.

Item _____ **Brand / model** _____ **Serial #** _____

Bought from _____ **Date** _____ **Warranty ends** _____

Who to call for repairs (name and phone) _____

Battery / parts _____ **Last replaced** _____

Paid by: ☐ Medicare ☐ Insurance ☐ Out of pocket ☐ Rented

Notes _____

Item _____ **Brand / model** _____ **Serial #** _____

Bought from _____ **Date** _____ **Warranty ends** _____

Who to call for repairs (name and phone) _____

Battery / parts _____ **Last replaced** _____

Paid by: ☐ Medicare ☐ Insurance ☐ Out of pocket ☐ Rented

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