



For Office Use Only

Box	\$ _____
Shipping	\$ _____
Setup	\$155.00
Mil Disc	- \$ _____
Parts	\$ _____
Ship Adj	\$ _____
Return	\$ _____
Total	\$ _____
Approval	_____

SLIDE DOCTOR ADMISSION FORM

Name - _____

Street Address - _____

Apt # or Unit # - _____

City - _____ State - _____ Zip Code - _____

Phone(s) - _____

E-mail - _____

Are you a veteran, or currently serving in the military? Circle one: Yes No

Patient make and model - _____ Serial Number (optional) - _____

Patient Symptoms - _____

Be sure to insure the slide for the slide's replacement value. Amount of Insurance: \$ _____.

After you ship, please shoot me a quick email providing shipping information, including the ETA. If you send your slide FedEx, do NOT require a Direct Signature. They will not deliver if I am not available!

RETURN SHIPPING OPTIONS:

UPS: Ground _____ 3-Day select _____ 2nd Day Air _____ Next Day Air Saver _____

US POSTAL SERVICE: Priority Mail _____

Do you wish to have a Signature Required for return delivery when we ship? _____

SPECIAL RETURN SHIPPING INSTRUCTIONS AND INFO (return by date, return location, other): _____

The setup charge is \$155.00; the box charge is \$25.00, plus shipping charges.
Please visit www.slidedr.com for complete pricing of services offered.

PAYMENT METHOD: Visa, MasterCard, Discover - _____ PayPal - _____ Check - _____

THE SLIDE DOCTOR, LLC
Ray Splawn
5290 Dunroven Way
Dawsonville, GA. 30534

www.slidedr.com
www.greatslide.com
770) 888 - 4111
slidedr@att.net