



CALIBRATION REQUEST FORM

This form is required to be completed before having a monitor calibrated by FSS, Inc.

Please fill in the information below and include with your instrument(s) to the address listed below.

Company Name: _____

Bill To Address:

Ship To Address:

Contact Name: _____

Phone: _____ Fax: _____

PO# _____

Drager Monitor:

Model Name: _____ Serial #: _____

Services Requested/Symptoms of Problem and/or Comments:

Items Included: MONITOR CHARGER CASE OTHER _____

Send Drager Only Equipment To:

FSS, Inc.
ATTN: Justin Patterson
702 S Vine Street
Heyworth, IL 61745
O: (309) 660-4259 | F: (317) 449-9105
j.patterson@fsszone.com | www.fsszone.com