

Shipping Address:

Respshop.com
9215 151st Ave NE
Redmond, WA, 98052
866-936-3754 warranty@respshop.com



This form is only for machine repairs. Please print it out and include it inside the package.

Your name (required):

Your email address (required):

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Your phone number (required):

Your order number:

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What is the serial number of your machine?

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If your machine is out-of-warranty, fill out the following box. Otherwise, skip this box.

Please check the machine model you are sending in.

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| <input type="checkbox"/> ResMed S9 Series CPAP Machine | <input type="checkbox"/> DeVilbiss IntelliPAP CPAP Machine |
| <input type="checkbox"/> Resironics DreamStation | <input type="checkbox"/> Somnetics Transcend CPAPs* |
| <input type="checkbox"/> Resironics DreamStation Go | <input type="checkbox"/> HDM Z1/Z2 Machines |
| <input type="checkbox"/> ResMed AirSense/AirCurve 10 Series CPAP/VPAP | |
| <input type="checkbox"/> Resironics PR System One 60 Series CPAP Machine | |

*Please include power supply and tubing adapter if you are sending in a Transcend machine.

Note: We do not accept out-of-warranty repairs of any other machines. We also do not accept any machine that is water-damaged, insect infested, or contaminated with unknown substances.

Please describe the issues you experienced with your machine.

Feel free to use this box for any other information you would like to let us know.

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