

3M™ Littmann® Stethoscope Service Form



New Zealand Delivery Address and Contact Details

Name: _____ Date: _____
Facility Name: _____
Street and Number: _____
(A street address is required for stethoscopes. P.O Boxes cannot be accepted)
Suburb: _____ City: _____ Post Code: _____
Email: _____ Ph No.: () _____

Personal information will be collected by 3M New Zealand Ltd and held in accordance with the 3M Privacy Policy, details of which may be found on www.3m.co.nz. Personal information will be used for the purposes of providing the servicing and return of your stethoscope

Stethoscope Details

Model: _____ Serial Number: _____
(e.g. "Classic II SE". See Chest Piece) *(located on chest piece)*
Note: Cardiology, Cardiology II (no S.E suffix), Classic, Classic II (no S.E suffix) are no longer supported
Note: Electronic Stethoscope Models 3000, 4000 and 4100 are no longer supported
Purchase Date: _____ Where Purchased: _____
(Attach receipt for proof of purchase. If unable to supply, warranty is calculated using manufacture date, derived from serial number, + 6 months. See web site for more detail on warranty repair)

Fault Description (symptoms):

Service Required - Please Tick Required Service

(Includes parts, labour and return shipping - Prices include GST)

Warranty Repair \$0.00 (for all repairs covered by warranty)

Electronic 3100/3200 Models \$410.00
(AH010581439)

Master Cardiology \$200.00
(AH010581405)

Cardiology II SE, III, IV STC \$190.00
(AH010581421)

Master Classic Gold Edition \$220.00
(AH010603381)

Master Classic II \$105.00
(AH010603373)

Classic IISE, Classic III, Select, Lightweight \$80.00
(AH010581413)

Payment Method

In the case of non-warranty service, payment must be made via credit card.

A 3M Customer Service representative will phone you to request your credit card details. Please ensure that your contact details listed above are clear and correct so that we are able to contact you to arrange payment.

Please send your stethoscope via traceable means. The safe delivery of your stethoscope is your responsibility until it is received at our facility.

Send this form with the stethoscope and proof of purchase (warranty only) to:

3M Littmann Service Department
C/O Chemtronics
Unit D / 20 Cain Road
Penrose, Auckland 1061
New Zealand

For any enquiries, phone 3M Healthcare Customer
Service on 0800 808 182 or
3msupport.healthcare.nz@mmm.com

