BAL-TECH MEDICAL

"Innovative technology for a changing medical environment"

EQUIPMENT EVALUATION PROFILE

The information provided on this evaluation sheet aids BAL-TECH in its process of determining the value of your current laser equipment. By providing complete information, you are enabling us to quickly assess the equipment and return our offer sheet. PLEASE ATTACH A COPY OF ORIGINAL PURCHASE INVOICE.

Manufacturer: _____Laser Model Number: _____
Date of Manufacture: _____ Serial Number: _____

Accessories (please circle any / all included)

Operators Manual		Marketing Materials	Cart/Stand	Tubing
Fibers	Gel	Foot Pedal	Scanner	Signs
Chiller	Goggles	Videos	Power Cord	Tips
Smoke Evacuator -List Manufacturer & Model:				
Smoke Evacuator Filters:		Carrying Case	Goggles	Videos
Light Guides – List:				
Hand Pieces – List:				
List any other Accessories:				

Overall cosmetic condition (circle one):
Fair Good Excellent

Overall Laser condition (circle one):
Fair Good Excellent

Service history or notes: _____
_____
_____
_____

Reason for selling equipment: _____
_____
_____

Physician's office / clinic information:

Name: _____
Address: _____
Phone: _____
Fax: _____
E-Mail: _____

Please call BAL-TECH Medical at (800) 574-2152 for any assistance with the above evaluation. Fax this form to (630) 513-0396. Thank You