

FIELD UPGRADE REPORT



Customer Care

IMPORTANT! Return this form to InfiMed, CustomerCare Dept.,121 Metropolitan Drive, Liverpool, New York 13088

Distributor	Date Performed	
Site Name	Phone #	Fax #
City	State	Zip
Country	PO #	or FCO #
Model Type	Unit S/N	Modem #

Hardware <input type="checkbox"/> Software <input type="checkbox"/> Both <input type="checkbox"/>
Describe Upgrade (use chart below)

Hardware Upgrade

Software Upgrade

New Part Name	Part #	S/N

Current Revision	New Revision

Signed

Date

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Service Engineer

(mm/dd/yy)