3M Health Care
Service Center

Complete this information sheet and include with your stethoscope for repair to:

3M Health Care
Service Center
Bldg. 502, Suite 200
3350 Granada Ave. No.
Oakdale, MN 55128

Name _____ Date _____

Address* _____

City _____ State _____ Zip Code _____

Telephone (Include Area Code) _____

Date Purchased: _____

Description of repair or service required: _____

_____

_____

For stethoscopes no longer under warranty, VISA, MasterCard, or American Express can be used for payment of repair charges by completing the following:

❍ VISA ❍ MasterCard ❍ American Express

Print Card Holder Name _____

Expiration Date _____

Card Number _____

Card Holder Signature _____

*A complete physical street address is required. Be sure to include a suite or apartment number if applicable. If your billing address is different than your ship to address please provide that information too.