

Technician ____

TechRx Prescription Form

Date			
First /Last Name:			
Address:		4	
<u>C</u> ity:	State:	Zip Code:	
Phone Number:	Alternate Phone Number:		
Email Address:	Order Number:		
Device Type: (Circle) Smart photo	ne Tablet	Other:	
Device Model:	Serial/ESN Number:		
Passcode (Please include for testing purposes	s): S	Service provider:	
Description of problem or service nee	ded: (Including Front and Back	glass color, and Button color)	
	Repair	Guarantee	
TechRx warranties all Apple repairs f repaired part if no physical damage ha (including water), jail breaking/unlock	as occurred during the warn	anty period. In the event that there h	as been any additional damage
	Repair	Disclosures	
TechRx is NOT responsible for any service. To complete your repair, w Water damage repairs are not guar	e may have to restore you	ır phone back to original factory s	
-Color conversions kits do void your Apple warranty. Water damaged and additional issues that occur due to repuntil paid in full.	d jail-broken/unlocked pho	nes are not covered by our warranty.	. Any loss of functionality or
Items MUST be picked up NO LATE become property of Tech RX.	R THAN 30 DAYS after r	epair is completed or 60 days from t	below date or the items will
By signing the line below, you agree	to the above terms.		
Signature		Date	/
	Office use	e only:	·
Estimated Total Cost Deposit			
Drop off time			
Approximate pick up time			
Sales receipt number		-	
Pant number			2.20 (45)