



DRYSUIT REPAIRS

Please fill out the following form and return it with your wetsuit for repair, once we have received the wetsuit we will give you a call and confirm the cost delivery time.

Name: _____

Delivery

Address: _____

Contact

number: _____

Type of suit: _____

Repair notes – please add details to the attached diagrams

Please send your suit and these forms to:

Dive Doctor

20R Sylvia Park Road, Mt Wellington, Auckland, 1060

Email: info@divedoctor.co.nz Phone 09 530 8117

ADD	<input type="checkbox"/> Rings <input type="checkbox"/> Si-tech Antares <input type="checkbox"/> Wrist seal incl. Wrist circ. (cm) <input type="text"/>
	<input type="checkbox"/> Si-tech Rings <input type="checkbox"/> Bottle HD <input type="checkbox"/> Coned
	<input type="checkbox"/> Knee Pads <input type="checkbox"/> Melco <input type="checkbox"/> Kevlar
	<input type="checkbox"/> P-valve-installed <input type="checkbox"/> Pocket <input type="checkbox"/> Left <input type="checkbox"/> Right
CHANGE	<input type="checkbox"/> Zipper <input type="checkbox"/> Metal
	<input type="checkbox"/> Boots <input type="checkbox"/> Standard Neoprene Boots <input type="checkbox"/> Neoprene Socks Size <input type="text"/>
	<input type="checkbox"/> Wrist Seal <input type="checkbox"/> Bottle HD (Latex) <input checked="" type="checkbox"/> Neoprene Wrist Wrist circ. (cm) <input type="text"/>
	<input type="checkbox"/> Coned (Latex) <input type="checkbox"/> Silicone
	<input type="checkbox"/> Neck Seal <input type="checkbox"/> Neoprene <input type="checkbox"/> Latex Neck circ. (cm) <input type="text"/>
	<input type="checkbox"/> Valve <input type="checkbox"/> Inlet Valve Apeks <input type="checkbox"/> Inlet Valve Si-tech <input type="checkbox"/> Outlet Valve Apeks <input type="checkbox"/> Outlet High Profile Valve Apeks <input type="checkbox"/> Outlet Valve Si-tech
LEAKS	Additionally please select the leakage points on the sketch <input type="checkbox"/> Seam <input type="checkbox"/> Fabric <input type="checkbox"/> Valve <input type="checkbox"/> Boots
	<input type="checkbox"/> Neck Seal <input type="checkbox"/> Wrist Seal <input type="checkbox"/> Zipper