DIAGNOSTIC REPORT

Service Center Name
Street Address, City, State
Phone: (555) 000-0000

INVOICE

Date: _____
Invoice #: _____

CUSTOMER INFORMATION

Name: _____
Phone: _____
Email: _____

VEHICLE INFORMATION

VIN: _____
Year/Make/Model: _____
Mileage: _____

DIAGNOSTIC SCAN RESULTS

System Module	Status	DTC / Error Codes
Engine Control Module (ECM)	Pass Fail	_____
Transmission Control (TCM)	Pass Fail	_____
ABS / Braking System	Pass Fail	_____
Airbag / SRS	Pass Fail	_____

SERVICE & LABOR CHARGES

Description of Service	Labor Hours	Price
Full System Diagnostic Scan	____	$ _____
Physical Inspection & Testing	____	$ _____
Shop Supplies / Environmental	-	$ _____

Subtotal: $ _____

Tax: $ _____

Grand Total: $ _____

TECHNICIAN RECOMMENDATIONS

_____
_____

I hereby authorize the above diagnostic work to be performed. Signature: _____

This report is a health snapshot at the time of testing. No warranty is implied for future mechanical failure.