

Repair Request Form

Date: _____ Sales Rep: _____

Facility Name: _____

Delivery Address: _____

Manufacturer: _____ Model Number: _____ Serial Number: _____

Flexible Endoscope Rigid Endoscope

Other Equipment : Specify: _____

Please describe problem or work required to be carried out: _____

Name: _____ Phone: _____

Email: _____ Pre-Approve \$: _____

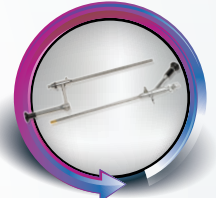
Please Disinfect All Equipment Prior To Shipment.

Equipment has been wiped down and disinfected? Yes No

Equipment has been sterilised? Yes No



Flexible Endoscopes



Rigid Endoscopes



Instrument Identification Systems-
Liquid, Plug and Bar code Systems



Power Equipment



Surgical Cameras

Please send a copy of this form with the goods.