

www.EndoscopeRepair.com Repair Form

To help us better serve you, please print out this Form and fill it out completely. Please include this form with the instrument(s) when shipped.

Date: ____ / ____ / ____ P.O. #: _____ (please attach a copy)

Model: _____ Serial #: _____

Problem with the Instrument(s):

Misc Items in the Case: _____

■ Please Disinfect all instruments before sending for repair ■

Account name _____

Contact Person _____

Street Address: _____

City, State, ZIP: _____

Billing Information: _____

Hospital/Clinic Name: _____

Street Address: _____

City, State, ZIP: _____

Person to Approve Repairs

Name: _____ Phone: _____

Fax: _____ >Email: _____

Credit Card No: _____ Exp Date: ____ / ____

Ship To: Endoscope Repair 7322 Manatee Ave. West #265 Bradenton, FL. 34209