



# QUICK REPAIR FORM

## AUTHORIZATION FORM FOR REPAIR SERVICE

*Please complete this form and enclose it with the instrument you are sending for repair. Upon receipt of your instrument in our facility, you will be contacted with an estimate of the repair costs and details concerning its prompt repair and return.*

### ALL INSTRUMENTS MUST BE CLEANED AND PROPERLY DISINFECTED PRIOR TO SHIPMENT

Date Shipped: \_\_\_\_\_ Return to this department: \_\_\_\_\_  
Account Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Model Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_

### PROBLEM WITH INSTRUMENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purchase Order Number: \_\_\_\_\_ CODE: INT20040006 \_\_\_\_\_ (required)

### WHO SHALL COMPLETE CONTACT WITH THE DETAILS OF THE REPAIR:

Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### PLEASE CIRCLE ONE:

*This instrument was* :      **CLEANED**      **DISINFECTED**      **STERILIZED**

**USING THIS FORM WILL HELP TO REDUCE YOUR DOWNTIME**

**SHIP TO:**

**227 Lower Sheep Pasture Road Setauket, New York 11733 (631) 484-9996 / (516) 704-2561 FAX**