

## 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Problem with the Instrument(s):

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Misc Items in the Case: \_\_\_\_\_

■ Please Disinfect all instruments before sending for repair ■

### Shipping Address:

Hospital/Clinic Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

### Billing Information

Hospital/Clinic Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

### Person to Approve Repairs

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Ship To: Endoscope Repair, 6705 2nd Ave. Circle West. Bradenton, FL 34209 USA

\$99 Evaluation Fee if no repair + return shipping.