



Return To:

Please type or print customer's return address

Section 1

(To be filled out by customer requesting repair)

Date: _____

Manufacturer: _____

Model No.: _____

Serial No.: _____

Contact: _____ Department: _____

Telephone: _____

Purchase Order Number: _____

Please give a brief description of the repair needed:

Authorized Signature: _____

Section 2 *REQUIRED INFORMATION*

Cleaned Internally Cleaned Externally High Level Disinfected Sterilized

Was this item associated with a Sentinel Event? Yes No

Quotation Required or Repair is Pre-Approved

Pre-Approved Amount: _____

Authorized Signature: _____

Section 3

(To be filled out by repair facility)

Date Received: _____

Assessment: _____

Cost of Repair: _____

Estimated Time of Repair: _____

Repair Approved by Customer: _____

Repair Declined by Customer: _____