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Customer Service (800) 437-1177

Order Form

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

☐ Cleaned Internally ☐ Cleaned Externally ☐ High Level Disinfected ☐ Sterilized

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: _____