

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 ■

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, 501 Village Green Pkwy W #8, Bradenton, FL 34209

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