

Print Name: _____

Print Name: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

HELP US SPEED UP REPAIR TIME

1. Fill in the Instrument Information:

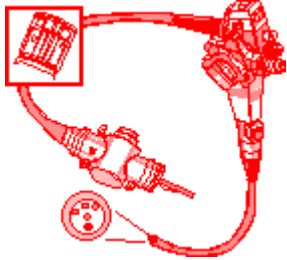
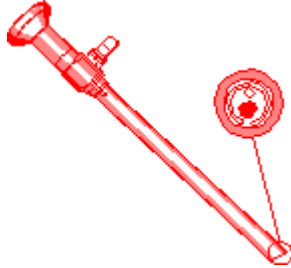
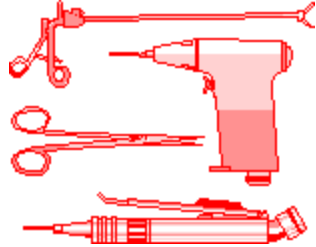
Date: _____ (Surgical Repair Use Only)

Manufacturer: _____ Model: _____ Serial #: _____

The Problem Is: _____

2. Indicate The Sterility Of Your Instrument: Cleaned & Disinfected/Sterilized Not Disinfected/Sterilized

3. If Known Please Indicate The Defective Area(s) By Circling:

Flexible Video & Fiberoptic Endoscopes	Rigid Endoscopes	Instrumentation/Power Equipment
		

4. Approval: Indicate the Approval Status by checking one box below. (Checking a Pre-Approved box requires a PO number or a signature of authorization on the PO # line.)

PO#: _____

- | | |
|---|--|
| <input type="checkbox"/> Repairs Pre-Approved Up To \$550 | <input type="checkbox"/> Repairs Pre-Approved Per Blanket Approval Amount |
| <input type="checkbox"/> Repairs Pre-Approved Up To \$1,500 | <input type="checkbox"/> Repairs Are <i>NOT</i> Pre-Approved; please call with authorization before any work is performed. I understand that this will slow down the repair process and will jeopardize any rush orders. |
| <input type="checkbox"/> Repairs Pre-Approved Up To \$ _____
(list dollar amount here) | |

5. Customer Information:

Department: _____

Print Customer Contact Name: _____ Phone #: _____

Print Approving Contact Name: _____ Phone #: _____