



REPAIR REQUEST FORM

204 N. Front Street
Roanoke, Texas 76262
817-430-3911

In order to expedite your repair, please provide the following information:

DATE: ____ / ____ / ____

DIST. ID #: _____

REP NAME: _____

HOSPITAL: _____

ATTN: _____

HOSPITAL PO #: _____

REPORTED PROBLEMS:

INSTRUMENT: _____

MODEL #: _____

S/N: _____

SHIP TO: _____

ATTN: _____

APPROVAL:

STAT REPAIR - NO APPROVAL OR ESTIMATE NEEDED

PRE-APPROVED - ASAP

CALL WITH ESTIMATE

Name: _____

Phone #: _____

THIS INSTRUMENT IS CONTAMINATED DISINFECTED STERILIZED

SPECIAL INSTRUCTIONS:
