



## *REPAIR AUTHORIZATION FORM*

Please complete this form and return with instrumentation to be repaired!

<b>Date:</b> _____	<b>PO#:</b> _____
<b>PLEASE PRINT</b>	
<b>Bill To:</b>  Company Name: _____ Contact Name: _____ Phone: _____ FAX: _____ Address: _____ City: _____ ST: _____ Zip: _____  Email: _____	<b>Return Shipment To:</b>  Company: _____ ATTN: _____ Phone: _____ FAX: _____ Address: _____ City: _____ ST: _____ Zip: _____  Email: _____

Please Call With an Estimate	Yes	No	
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Qty	Manufacturer	Type of Instrument	Model #	Serial #

**PROBLEM(S):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTES:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Print Name:** \_\_\_\_\_

**PLEASE DISINFECT OR STERILIZE ALL EQUIPMENT RETURNED FOR REPAIR!**