

8105 W. I-25 Frontage Road, Unit #2. Frederick, Colorado 80516

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

DATE: //	MAKE:
NAME:	MODEL #:
HOSPITAL:	S/N:
	SHIP TO:
	
ATTN:	
HOSPITAL PO #:	ATTN:
REPORTED PROBLEMS:	
	APPROVAL:
	☐ PRE-APPROVED - (ATTACHED PO REQUIRED)
	□ EMAIL ESTIMATE
	Name:
	Phone #:
	Email:
THIS PROBE IS	□ DISINFECTED □ STERILIZED
SPECIAL INSTRUCTIONS:	
SI EGIAL INSTRUCTIONS.	