



# REPAIR REQUEST FORM

1275 Sherman Drive  
Longmont, Colorado  
80501

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

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL #: \_\_\_\_\_

S/N: \_\_\_\_\_

SHIP TO: \_\_\_\_\_

ATTN: \_\_\_\_\_

HOSPITAL PO #: \_\_\_\_\_

ATTN: \_\_\_\_\_

REPORTED PROBLEMS:

APPROVAL:

PRE-APPROVED - (ATTACHED PO REQUIRED)

EMAIL ESTIMATE

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

THIS PROBE IS  CONTAMINATED  DISINFECTED  STERILIZED

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_