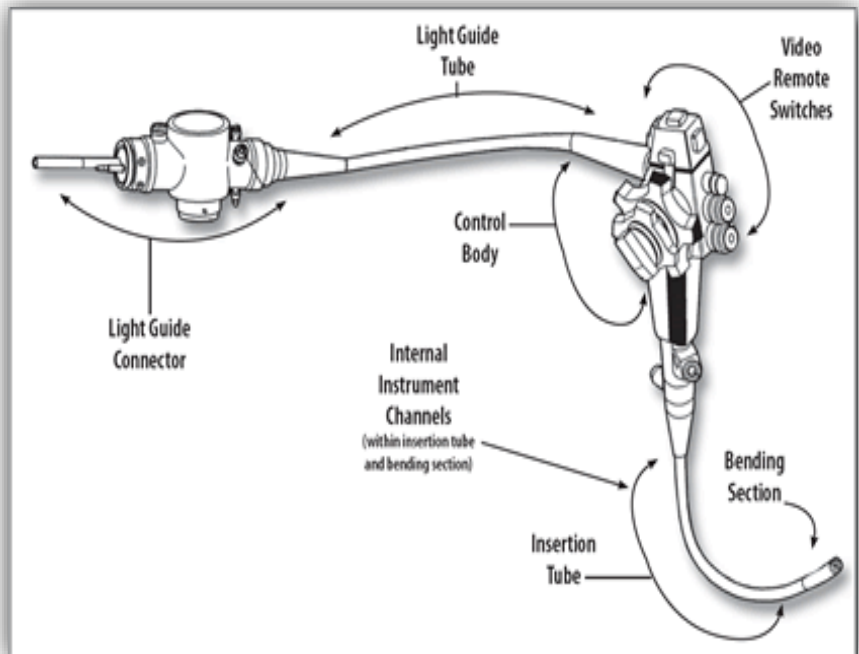


# Repair Request Form

Date:	Customer:	Dept:	PO#:
Street Address:		City:	State: Zip:
Model:	Serial #:	Customer Contact:	Phone #:
Customer Complaint:			

**Please Indicate Problem Area Below**

- Leaks
- Image
- Insertion Tube
- Angulation
- Light Output
- Air/Water
- Biopsy Channel
- Switches
- Elevator
- Bending Section
- Other - \_\_\_\_\_



You May Also Indicate Problem Area with an "X" in Above Picture

Has Instrument Been Disinfected?	<input type="checkbox"/> Y	<input type="checkbox"/> N	*Additional charges may apply if instrument is NOT disinfected.
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Comments or Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please Send Equipment to:** **Certified Surgical Services**  
**7345 West Friendly Ave, Suite A**  
**Greensboro, NC 27410**