

Repair Request Form

CERTIFIED SURGICAL SERVICES								
Date:	Customer:		Dept:			PO#:		
Street Address:		City:		State:		Zip:		
Model:	Serial #:	Custom	omer Contact:		•	Phone #:		
Customer Complaint:								
Please Indicate Pro	oblem Area Below							
Angulation Light Outpu	Image Insertion Tube Angulation Light Output Air/Water Biopsy Channel		Light Guide Tube Control Body Light Guide Connector Internal Instrument Channels (within incertion tube and bending section) Bending Section					
Switches Elevator			Insertion Tube					
Bending Se	ection							
Other		You Ma	You May Also Indicate Problem Area with an "X" in Above Picture					
Has Instrument Been Disinfected? Y N *Additional charges may apply if instrument is NOT disinfected.								
Comments or Special Instructions:								

<u>Please Send Equipment to</u>: Certified Surgical Services

7345 West Friendly Ave, Suite A

Greensboro, NC 27410

Phone: 336-904-6111, 6112 Fax: 336-904-6113 Email: info@certifiedsurgicalservices.com