



Repair Request Form

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

Has Instrument Been Disinfected?

Y

N

*Additional charges may apply if instrument is NOT disinfected.

Comments or Special Instructions: _____

Please Send Equipment to:

**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