

Repair Request Form

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

Please Indicate Problem Area Below

- ☐ Image
- ☐ Ocular/Eyepiece
- ☐ Objective Lens
- ☐ Insertion Tube
- ☐ Light Output
- ☐ Light Guide Post
- ☐ Instrument Channel
- ☐ Fluid Invasion
- ☐ Other : _____



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: _____

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@certifiedsurgicals-services.com