

Repair Request Form

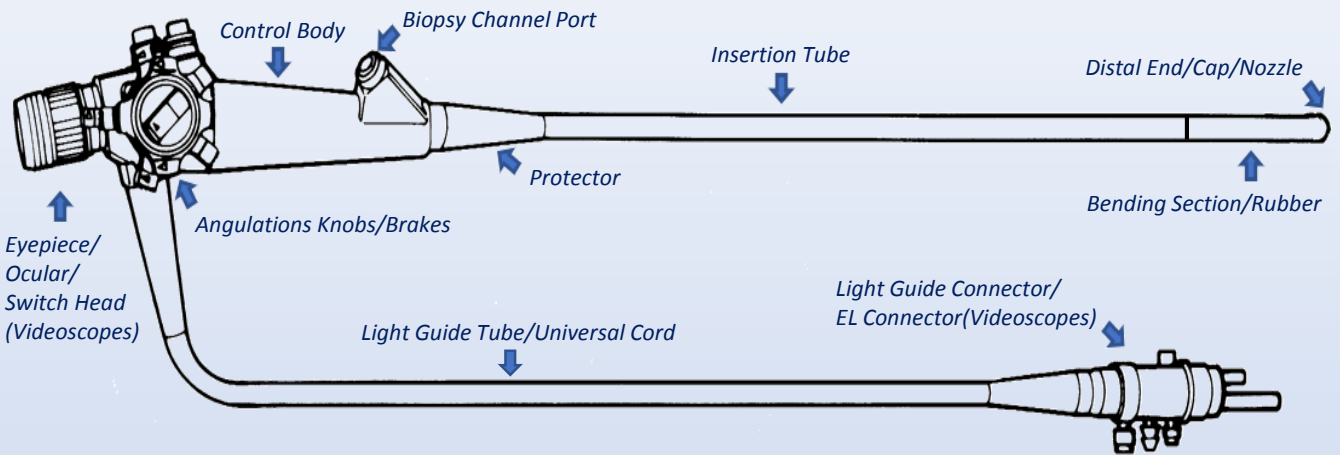
Customer Name: _____

Delivery Address: _____

Contact Name: _____ Ph: _____ Email: _____

Manufacturer: _____ Model No: _____ Serial No: _____

Flexible Endoscope (Please Circle around the faulty area on the diagram below)



Other (Please specify) _____

Details of Fault:

IMPORTANT: Should your flexible endoscope fail a leak test, please do not immerse in any fluids. However, we would request that you externally wipe the instrument with alcohol prior to packing and shipping.

Equipment has been wiped down and disinfected? Yes No

Please ensure your goods are packed with extreme care to prevent damage during transportation.

Signed: _____

Date: _____

If you have any queries regarding your repair, please contact our Customer Service Department on: +61 03 9543 3991

Please send a copy of this form with the goods