



# SERVICE REQUEST FORM

Please complete this form and send with items for service/repair to  
**5663 Brecksville Road, Cleveland, OH 44131**

**Items sent for repair will NOT be serviced without documentation of proper decontamination and cleaning.  
Complete the verification of decontamination section below to ensure service begins.**

- Upon receipt and inspection, a service representative will contact you with a quote
- Please check one box here if you would like RUSH service: RUSH  \$95.00    SUPER RUSH  \$165.00

Item(s) Description	Quantity
_____	_____
_____	_____
_____	_____

**Description of Service Requested**

\_\_\_\_\_

\_\_\_\_\_

### **Sterilization Status: (Must be verified for service/repair to be completed)**

- The enclosed medical device(s) **have** been thoroughly cleaned/brushed and decontaminated in autoclave Equipment according to the manufacturer's instructions.
- RETURNED / UNUSED EQUIPMENT ONLY:** The enclosed medical device(s) **have NEVER** been in contact with blood, tissue, body substances or other body fluids and thus is hygienically safe.

\*\* Complete the information below & include this form in the box with equipment to be repaired.

**Customer/Company Name and Billing Address**

**Shipping Address (if different)**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_ ( \_\_\_ Mobile OR \_\_\_ FAX)

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_

PURCHASE ORDER # (if applicable): \_\_\_\_\_