



HELP US TO BETTER SERVE YOU
REPAIR REQUEST FORM

PLEASE DISINFECTED EQUIPMENT PRIOR TO SHIPPING FOR REPAIR
This instrument has been: () Cleaned () Disinfected () Gas Sterilized
(Check applicable boxes)

Please complete this form and enclose it with instrument requiring repair.
Using this form will expedite your repair service.

SHIP TO:
830 Fesslers Parkway Suite 118
Nashville, TN 37210
615) 831- 5268 (800) 394-9822

Please feel free to contact us with any questions regarding Service Support and/or Shipping Instructions.

DATE _____ P.O. # _____

MODEL _____ SERIAL _____

COMPLAINT WITH INSTRUMENT _____

MISC. ITEMS IN CASE _____

SHIPPING ADDRESS:

HOSP/CLINIC NAME _____

ATTN: _____

STREET ADDRESS _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

BILLING ADDRESS:

HOSP/CLINIC NAME _____

ATTN: _____

STREET ADDRESS _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

INFORMATION FOR EXPEDITED SERVICE

Matlock Endoscopic is authorized to complete your repair up to and including the amount:

Up to \$500 Up to \$1,500 Up to \$2,500 Up to \$3,500 Other Pre-approved Amount: \$ _____ Call

Name of Person Approving This Repair _____ Title _____

Approving Signature _____

Phone _____ Extension _____ Fax _____

CONTACT PERSON FAMILIAR WITH THIS EQUIPMENT:

NAME _____ PHONE# _____ EMAIL _____