FIBERTE CH

Repair Request Form

Please fill in form and return with equipment to be repaired.

HOSPITAL:	
DEPARTMENT:	P.O.#:
TYPE OF EQUIPMENT:	·
MODEL #:	SERIAL #:
THE PROBLEM IS:	

PERSON(S) TO CONTACT ABOUT EQUIPMENT	
NAME:	PHONE #:
NAME:	SERIAL #:
EMAIL:	

PERSON(S) WHO CAN APPROVE REPAIR	
NAME:	PHONE #:
NAME:	SERIAL #:
EMAIL:	

PLEASE DISINFECT EQUIPMENT PRIOF	TO SHIP	PING
Has this equipment been disinfected?	YES	NO
Method of disinfection:		

Thank you for your business. Please call (905) 567-7617 if you have any questions.