



HELP US TO BETTER SERVE YOU

ALL INSTRUMENTS MUST BE DISINFECTED PRIOR TO SHIPPING TO US 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:

**4320 Kenilwood Drive Suite 107
Nashville, TN 37204
(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 _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

BILLING ADDRESS:

HOSP/CLINIC NAME _____

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#** _____ **EXT.** _____