



# 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 \_\_\_\_\_