



# 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.**

ξ Upon receipt and inspection, a service representative will contact you with a quote.

ξ Please check here if you would like RUSH service and expedited shipping .

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.

Customer/Company Name and Billing Address

Shipping Address (if different)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Date

Phone

(Mobile OR FAX)

Print Name and Title Here

Email

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