

For PEMCO products and industrial repairs 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.

Minimum service/repair coUpon receipt and inspection		resentative will co	ntact you with a quote.	
Please check here if you w			_	
Item(s) Description			Quantity	
Description of Service Requested				
Sterilization Status:	(Must be	verified for s	service/repair to b	e completed)
☐ The enclosed medical device(s) according to the manufacturer's in		oughly cleaned/br	ushed and decontaminated	d in autoclave equipment
☐ RETURNED / UNUSED EQUIPM tissue, body substances or other b				n in contact with blood,
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)	:			