

Southeastern Surgical

Endoscope Repair Form

To help us better serve you, please print out this form and fill it out completely. Please include this form with the instrument(s) when shipped.

Date: ___ / ___ / ___ P.O. #: _____ (please attach a copy)

Model: _____ Serial #: _____

Problem with the Instrument(s):

Misc Items in the Case: _____

■ Please Disinfect all instruments before sending for repair ■

Shipping Address: _____

Hospital/Clinic Name: _____

Street Address: _____

City, State, ZIP: _____

Billing Information: _____

Hospital/Clinic Name: _____

Street Address: _____

City, State, ZIP: _____

Contact Person for Approval:

Name: _____ Phone: _____

Fax: _____ >Email: _____

Ship To: Southeastern Surgical, 1353 Riverstone Pkwy, Suite 120-379, Canton, GA 30114