

# 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):**

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**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, 53 Stones River Place, Jasper, GA 30143**