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REPAIR REQUEST FORM

Please complete and forward with instrument to be repaired.

REPAIR DETAILS:

Date: _____ Contact Person: _____
Manufacturer: _____ Phone: _____
Model: _____ Fax: _____
Serial No: _____ Email: _____

Has this equipment been disinfected? Yes/No

Method? _____

Description of fault/problem: _____

ACCOUNT DETAILS:

Customer Name: _____

Shipping Address: _____

Order No: _____

Thank you for your repair request
A quote will be forwarded upon inspection for your approval

Ph: 1800 241 881

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