



Unit C1 Scoresby Industry Park
Janine Street
SCORESBY VIC 3179

Ph: 03 9753 2301 Fax: 03 9753 2303
A.B.N. 47 089 140 045

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 (tick): Soluscope: _____ Steris: _____ Sterrad: _____ Other: _____

Description of fault / problem: _____

CUSTOMER DETAILS:

Hospital/Clinic Name: _____

Shipping Address: _____

Order No: _____

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

Phone: 1800 241 881

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