



Repair Form

Name: _____

Address: _____

City: _____, **ST:** ____ **ZipCode:** _____

Phone: _____

Please complete this form and enclose with the instrument you are sending for repair. Upon receipt of your instrument, we will contact you with repair details.

Purchase Order # _____

Scope Information:

Model: _____

Serial Number: _____

The Problem Is:

PLEASE NOTE: All scopes must be disinfected prior to shipping.