



REPAIR ORDER FORM

DATE: _____ P.O. _____ (PLEASE ATTACH IF NECESSARY)

MANUFACTURER: _____ MODEL: _____ SERIAL NUMBER: _____

PROBLEM WITH INSTRUMENT:

MISC. ITEMS SENT WITH INSTRUMENT: _____

*** PLEASE PROPERLY CLEAN ALL INSTRUMENTS BEFORE SENDING FOR REPAIR ***

SHIPPING ADDRESS

FACILITY NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PERSON TO APPROVE REPAIRS

NAME: _____ PHONE: _____ FAX: _____

CONTACT PERSON FAMILIAR WITH THIS EQUIPMENT

NAME: _____ PHONE: _____ E-MAIL: _____

THIS FORM AUTHORIZES MICROMED TO COMPLETE ANY REPAIR UP TO AND INCLUDING THE AMOUNT INDICATED BELOW

___ UP TO \$500.00 ___ UP TO \$1,000.00 ___ UP TO \$1,500.00 ___ UP TO \$2,500.00