



Our Priority is in Quality - Our Spirit is in Service

REPAIR ORDER SHIP TO FORM

2342 Baltimore Pike - Oxford, PA 19363

Phone: 866-SCOPEMD (726-7363) - Fax: 888-506-7336

Web: www.endoscopyMD.com - Email: info@endoscopyMD.com

Tax ID: 57-1130073 - FSS Certification # GSA V797D-40115 - Broadlane Vendor

Date: _____ PO#: _____ (Please attach if necessary)

Manufacturer: _____ Model: _____ Serial #: _____

Problem with Instrument:

Misc. Items in Case: _____

****Please disinfect all instruments before sending for repair****

Shipping Address:

Hospital/Clinic Name: _____

Street Address: _____

City, State, Zip: _____

Person to Approve Repairs

Name: _____ Phone: _____ Fax: _____

EndoscopyMD Account Representative Contact Information

Name: _____ Phone: _____ E-mail: _____

This form authorizes EndoscopyMD to complete any repair up to and including the amount below:

___ Up to \$500.00 ___ Up to \$1000.00 ___ Up to \$1500.00 ___ Up to \$2500.00

