



To expedite the repair process as quickly as possible, please fill out and include this form with the instrument you are sending in. Thanks!

Date: _____

Facility: _____

Your Name: _____

E-mail address to send estimate (if applicable): _____

P.O. Number (if applicable): _____

Scope Model and Serial Number: _____

Problem/Concern: _____

ALL SCOPES MUST BE DISINFECTED PRIOR TO SHIPPING

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