

Medetz Instrument Repair Form

Facility: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Department: _____

Phone: _____ Ext: _____ Fax: _____ PO # _____

Please Check the Appropriate line (if necessary):

Please Call Before Repairs are started: _____

Repairs must be returned on or before* _____ Date _____

*Repairs usually completed within 48 hrs, dates indicated can affect shipping charges

Ship Instruments Securely to:
Medetz Instrument Repair
223 Pickle Simon Rd # 400
Winder, Ga 30680

Qty	Problem/ Description

