Medetz Diamond Knife 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: _____

Ship Diamond Knife Securely to:

Medetz Diamond Knife Repair
6671 W. Indiantown Rd
Suite 50-241
Jupiter, Fl 33458

Qty	Problem/Description

Medetz Surgical Phone: 800-420-5135 Fax: 215-256-4735