



# PARKS MEDICAL CORPORATION

1325 West First Ave Suite 306 • Spokane, WA 99201  
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## REPAIR REQUEST FORM

### CUSTOMER INFORMATION

Date: \_\_\_\_\_ PO #: \_\_\_\_\_  
 Name: \_\_\_\_\_ Dept.: \_\_\_\_\_  
 Street: \_\_\_\_\_ Contact: \_\_\_\_\_  
 City: \_\_\_\_\_ Phone: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Name and phone # of person to approve repair cost:

\_\_\_\_\_ ( ) \_\_\_\_\_

- Begin repairs if the estimate matches the details below and the charges are less than \$500.
- Begin repairs if the charges are less than \$\_\_\_\_\_ (please indicate dollar amount).
- Do not begin repairs without authorization, please call first.

### ITEM(S) TO BE REPAIRED

Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_ RMA # \_\_\_\_\_  
 Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_ RMA # \_\_\_\_\_

#### The problem(s) is/are:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### DISINFECT OR STERILIZE EQUIPMENT BEFORE SHIPPING!!!

- This scope may be leaking
- This scope has been disinfected
- This scope has been sterilized

Please keep a copy of the completed form for your records and send a copy along with the equipment to be serviced. Customers pay to ship the scope for repair. PMC pays for the return shipping.



This form may be filled out electronically using Acrobat Reader. Just click on the line and type!