



PARKS MEDICAL CORPORATION

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# REPAIR REQUEST FORM

## CUSTOMER INFORMATION

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

### 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

### Due to Regulatory Requirements – Please provide reprocessing method.

- Cidex OPA  Gluteraldehyde  Other: \_\_\_\_\_
- Custom Ultrasonics  Medivators  Steris  J&J  Other: \_\_\_\_\_

Please Answer 3 questions:

1. Was a death or injury associated with the use of this product? If Yes, describe the injury that occurred.  No  Yes \_\_\_\_\_  
\_\_\_\_\_
2. Did the product malfunction or not perform as intended? If Yes, describe how the product malfunctioned or not performed.  No  Yes \_\_\_\_\_  
\_\_\_\_\_
3. Did the Malfunction occur during treatment or therapeutic procedure?  No  Yes \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_