

# Endoscopy Specialists Inc. Service Request

1011 Shotgun Road, Sunrise, FL 33326 Toll Free: 866-297-ENDO (3636) Tel: (954) 916-0922 Fax: (954) 916-0921

Please call 1-954-916-0922 and ask for Service Department to obtain your RMA number.

RMA number for this Service Request is: \_\_\_\_\_, issued by \_\_\_\_\_

Facility Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Department: \_\_\_\_\_

Address line1: \_\_\_\_\_

Address line2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Leak Test:  Pass  Fail Comment: \_\_\_\_\_

Image Quality:  Good  Poor Comment: \_\_\_\_\_

Is this equipment being sent in for a Service Contract maintenance checkup?  Yes  No

Service Issue: \_\_\_\_\_

## Disinfection Method:

Cidex OPA  Gluteraldehyde  Steris Other: \_\_\_\_\_

I certify this equipment has been properly reprocessed as indicated above:  Yes  No

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Contact person authorized to approve service charges

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone or Fax: \_\_\_\_\_ Ext: \_\_\_\_\_

The best time to reach this person is between \_\_\_\_\_ Am / Pm and \_\_\_\_\_ Am / Pm

## Contact person who can answer questions related to this Service Request.

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone or Fax: \_\_\_\_\_ Ext: \_\_\_\_\_

The best time to reach this person is between \_\_\_\_\_ Am / Pm and \_\_\_\_\_ Am / Pm

Purchase Order Number: \_\_\_\_\_, not to exceed \$ \_\_\_\_\_

## To expedite this Service Request, please consider the following indicating your choice:

YES, begin repairs if the estimate matches the details outlined above and the charges are less than \$500.

YES, begin repairs if the charges are less than \$\_\_\_\_\_ (please indicate dollar amount).

NO, do not begin repairs without our authorization, please call first.

**Note: If you have elected to pre-approve this Service Request, a valid PO number is required.**