



PARKS MEDICAL CORPORATION

1325 West First Ave Suite 200 • Spokane, WA 99201
(509) 448-9112 • Fax (509) 448-1931

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

Due to Regulatory Requirements – Please provide reprocessing method.

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

Sign: _____ Date: _____

Please keep a copy of the completed form for your records and send a copy along with the equipment to be serviced.
Customer pays for the shipping.