

Repair Form



PO#:	RGA#:
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PROMO

1. Customer/Hospital Contact Information

Contact Name:	<input type="text"/>	Department:	<input type="text"/>
Hospital:	<input type="text"/>	Date:	<input type="text"/>
Shipping Address:	Street: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/> Zip: <input type="text"/>
Billing Address:	Street: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/> Zip: <input type="text"/>
Email:	<input type="text"/>	Phone:	<input type="text"/>

THIS WAY to save UP   ***end of the year sale on now!**

Type	Manufacturer	Model	Qty	Issue
Monitor		Software revision:		Please include SN#:
Module		Software revision:		Please include SN#:
Telemetry		Frequency:		Please include SN#:
Fetal Transducer				
Patient Cable				
Infusion Pump				Please include SN#:
Suction Regulator				
Other				Please include SN#:

Notes: <input type="text"/>	Return Shipping Method	Date Received	Received By
	<input type="radio"/> Standard Ground <input type="radio"/> 2 Day <input type="radio"/> 3 Day <input type="radio"/> Overnight	For Pacific Medical use only.	For Pacific Medical use only.

Signature of release: I hereby verify that the above information is correct and I am sending these items to Pacific Medical to be repaired. I also verify that the products have been decontaminated.

Please complete repair form and return to:
Pacific Medical LLC
 32981 Calle Perfecto
 San Juan Capistrano, CA 92675

P (800) 449-5328
F (800) 369-9804
 service@pacificmedicalsupply.com
 www.pacificmedicalsupply.com