

# Repair Form



ONE SOLUTION FOR ALL YOUR PATIENT MONITORING NEEDS

PO#:	RGA#:
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PROMO
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## 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"/>

**Check Out Our New Website!**  
[www.pacificmedicalsupply.com](http://www.pacificmedicalsupply.com)

**EXPLORE OUR WIDE SELECTION OF REUSABLE & DISPOSABLE CABLES**

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:	<b>Return Shipping Method</b>	<b>Date Received</b>	<b>Received By</b>
	<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