



Endoscope Services,
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Endoscope Services Repair Form

To help us serve you better, please print out this form, fill out and ship with the equipment.

Date: ____ / ____ / ____

EQUIPMENT DETAILS:

Model Number: _____ Serial Number: _____

Faults/Problems with the equipment:

CUSTOMER DETAILS:

Hospital/Clinic Name: _____

Address: _____

Purchase Order Number: _____

Contact Person: _____

Email: _____

Phone: _____ Fax: _____

****Please disinfect all equipment before sending for repair. If you are unable to do so due to some leak, then please clean it manually according to GENCA guidelines****