



# Repair Order Form

Repair Order No: \_\_\_\_\_

Toll-Free: 888-799-4978

SHIP TO: INEX SURGICAL INC.  
5731 W HOWARD ST  
NILES, IL 60714  
PH: (847) 674.2595  
Fax: (847) 674.2820

DATE: \_\_\_\_\_

P.O. \_\_\_\_\_ (PLEASE ATTACH IF NECESSARY)

| QTY. | DESCRIPTION | MODEL | SERIAL | COMMENTS / PROBLEMS |
|------|-------------|-------|--------|---------------------|
|      |             |       |        |                     |
|      |             |       |        |                     |
|      |             |       |        |                     |
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|      |             |       |        |                     |
|      |             |       |        |                     |
|      |             |       |        |                     |

Additional Comments: \_\_\_\_\_

**\* PLEASE PROPERLY CLEAN ALL INSTRUMENTS BEFORE SENDING FOR REPAIR \***

**SHIPPING ADDRESS:**

**BILL TO:**

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

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

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

**PERSON TO APPROVE REPAIRS:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**CONTACT PERSON FAMILIAR WITH THIS EQUIPMENT:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

E.mail: [Repairs@INEXsurgical.com](mailto:Repairs@INEXsurgical.com)

[www.InexSurgical.com](http://www.InexSurgical.com)