



Repair Order Form

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

Toll-Free: 888-799-4978

SHIP TO: INEX SURGICAL INC.
7333 OAK PARK AVE
NILES, IL 60714
PH: (847) 674.2595
Fax: (847) 674.2820

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

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

Table with 5 columns: QTY., DESCRIPTION, MODEL, SERIAL, COMMENTS / PROBLEMS. Multiple empty rows for data entry.

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

www.InexSurgical.com