



**Surgical Product Solutions**

## Equipment Service Request Form

Complete **ENTIRE FORM** and **FAX** to: (412)221-1096. Include a copy with your shipment. We will contact you with a quote and an estimated turnaround time. To expedite service, pre-authorize your repairs up to a specified dollar amount. For assistance, please contact us at (412)281-4186 or via email: [Repair@surgicalproductsolutions.com](mailto:Repair@surgicalproductsolutions.com). *We are unable to initiate a repair without a Purchase Order number. If a return shipping account number is not provided on this form, the cost of shipping will be added to your final invoice. Payment is NET 30 unless otherwise specified.*

### GENERAL

Service Type: <input type="checkbox"/> Large Diameter Scope				<input type="checkbox"/> Small Diameter Scope	<input type="checkbox"/> Rigid Scope	<input type="checkbox"/> Power	<input type="checkbox"/> Electronics
<b>Purchase Order Number:</b>							
Model:							
Serial:							
Date Shipped:				<b>Return Shipping Account Number:</b>			
Loaner Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No				Damage Waiver: <input type="checkbox"/> Opt-In <input type="checkbox"/> Opt-Out			

### REPROCESSING

Medical Equipment that comes into contact with potentially infectious materials must be decontaminated (cleaned, disinfected, or sterilized, as appropriate) before being sent to Surgical Product Solutions. Customers are responsible for complying with applicable federal, state, and local laws and regulations regarding decontamination of medical equipment. If the equipment has not been decontaminated, an \$150 charge will be added to the final repair invoice.

**By checking this box, you agree the equipment has been decontaminated before shipment.**

### PROBLEM DESCRIPTION

Please be specific:

### SHIP TO

Contact Person Regarding Repair:	Title:
Direct Line:	Email:

### BILL TO

Facility Name:	Department:	
Street:		
City:	State:	Zip:

### PRE-APPROVAL

SPS is authorized to complete your repair up to and including the amount indicated:

\$500    \$1000    \$1500    \$2500    \$4000    \$5000   Other Pre-Approved Amount \$ \_\_\_\_\_

<b>Approval Signature:</b>	Title:
Direct Line:	Email:

**REMINDER: PURCHASE ORDER NUMBER MUST BE PROVIDED WITH THIS FORM**

### SHIP EQUIPMENT INCLUDING FORM TO:

**SPS REPAIR**  
2340 STOCK CREEK BLVD. ROCKFORD, TN 37853  
PHONE: 412-281-4186 FAX: 412-774-2345  
REPAIR@SURGICALPRODUCTSOLUTIONS.COM

Thank you for choosing Surgical Product Solutions. Ask us about our Repair/Exchange Program!