

9133 S. La Cienega Blvd Ste. 170
Inglewood, CA 90301
Toll Free: 877-553-9378
Fax: 888-812-6247
Email: repairs@3westmedical.com
www.3westmedical.com

CUSTOMER#: _____



Equipment Repair Order Form

Date: _____ Purchase Order # (required): _____

Facility Name: _____ Department: _____

Address: _____

City: _____ State: _____ Zip Code: _____

User Contact: _____ Phone: _____ Email: _____

Approval Contact: _____ Phone: _____ Email: _____

Billing Contact: _____ Phone: _____ Email: _____

Please provide us with your UPS/Fed Ex # and preferred shipping method for repaired equipment.

Method of Shipment UPS FedEx Acct. # _____ Next Day 2nd Day Ground

Pre-approve minimal repairs to improve turnaround time (\$1,000 suggested).

Pre-approved Amount: \$ _____ Pre-approved by: _____
(Signature required)

1. Model: _____ Serial #: _____	3. Model: _____ Serial #: _____
2. Model: _____ Serial #: _____	4. Model: _____ Serial #: _____

Description of Problem

1. _____

2. _____

3. _____

4. _____

ALL EQUIPMENT MUST BE DISINFECTED PRIOR TO SENDING FOR REPAIR

Scope has been Disinfected _____ or Sterilized _____
(initial one)

Received by: _____ Date _____
(for in - person pick up only) Rep Signature

* NOTE: Cosmetic issues, i.e., scratches, dents, discolorations, etc., will not be recommended for repair unless those issue are causing an equipment system failure. If you would like cosmetic issues to be repaired, please note these in your description of the problem.