

SCOPE REPAIR REQUEST

Please fill in and return with equipment to be repaired

DATE:			
HOSPITAL / CLINIC NAME:			
DEPARTMENT:			
CONTACT NAME:		PO #	
EMAIL ADDRESS:		PHONE #	
ACCOUNTS CONTACT:		ACCTS PH#	
DELIVERY ADDRESS:			

Model: _____ SERIAL # _____

Fault / Issue:

Scopes need to be disinfected before sent. Please list method of disinfection:

Once the scope has been assessed, a quote will be emailed to you for approval before any work is completed.

When the repair is accepted we will require a purchase order number to proceed. If the repair is not accepted the scope will be returned to you at no charge.

For Cooper Medical to fill in		
Job #	Supplier:	Date Received:
PO#		

Courier Address: 57 Mahunga Drive, Mangere Bridge, Auckland 2022

Ph: 0800 800 823 – Email: admin@coopermedical.co.nz – www.coopermedical.co.nz