



Repair Request Form



Medi-Sol. Job #: _____

Date: _____ Facility: _____

Instrument: _____ Facility PO#: _____

Model#: _____ Approved by: _____

Serial#: _____ Address: _____

Disinfected?: Yes No

Reported Problem: _____ Salesman: _____

_____ Territory: _____

_____ Approved Provide Quotation

Special Instructions: _____ Repair Estimate: \$ _____

LOANER INFORMATION

LOANER	
Description:	
Manufacturer:	
Model:	
Serial #:	
Value:	
Condition:	

Loaner Terms and Conditions:
Medi-Sol. may loan equipment to the customer during the period that customer's equipment is in repair, or trans-shipment. Loaner terms are as follows: (1) Customer agrees to give broken/damaged equipment to Medi-Sol. For repair (2) Customer assumes responsibility for loss or damage to the loaned equipment from the time it takes possession until the time it is returned to and received by a Medi-Sol. Representative. Risk of loss or damage during shipment from Medi-Sol. To customer, is upon Medi-Sol. Customer is responsible for the risk of loss or damage, and expense of shipment during the shipment back to Medi-Sol. (3) After contact by a Medi-Sol. representative with a quote to repair/replace the customer's equipment, customer has 3 days to provide authorization to proceed with repair of equipment, at the quoted price. In the event of no acceptance or authorization of repair during the allotted time, customer's equipment will be returned by Medi-Sol. within 2 working days thereafter, and loaner use charges in the amount of \$200.00 per day will apply.
By Signing below, I state that I have read and agree to these terms and conditions.

By signing below I warrant that:

- 1) Medi-Sol. is authorized to remove the accompanying equipment from this facility and may perform any required functions necessary to determine the scope and nature of any damage, defect, or irregularity relating to said equipment.
- 2) If receiving a loaner, I agree to the Loaner Terms and Conditions and assume responsibility for the return of listed equipment in the same condition and function as when received.
- 3) Pursuant to OSHA blood-borne pathogen standard 29 CFR 1910.1030 all medical devices placed or returned in to the custody of Medi-Sol. for any reason have been decontaminated (cleaned, disinfected, and/or sterilized) according to the Operating Maintenance Manual for that device. If the accompanying medical device has not been cleaned, disinfected, or sterilized, please initial here _____ and indicate the reason below.

Medi-Sol.: _____ Name/Title: _____
Signature: _____ Signature: _____
Date: _____ Date: _____



Repair Request Form



Medi-Sol. Job #: _____

Date: _____

Return
Shipping
Address

Instrument: _____

Model#: _____

Serial#: _____

Disinfected?: Yes No

Shipping
Instructions:

- Priority Overnight 2nd Day
- Standard Overnight 3rd Day
- Other Ground
- FedEx UPS Other

Reported Problem: _____

Special Instructions: _____

405-721 -7117

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