Precision Surgical International, INC.

All Instruments and equipment must be decontaminated and disinfected PRIOR to shipping to PSI Repair

Please sign below to indicate that all instruments/equipment is this order have been properly decontaminated and disinfected.

Customer signature: _____

Repair Center

28 Fox Tail Road
Hawthorn Woods, IL 60047

Phone: 317-776-3843 **Fax: 317-776-3826**

Repair Form

Billing To:

Contact Person: _____

Facility Name: _____

Street Address: _____

City,State: _____**Zip:**_____

Phone: _____ **Fax:** _____

Email Address: _____

Ship To: (if different from billing)

Name: _____

Facility Name: _____

Address: _____

City,State: _____**Zip:**_____

Phone:_____ **Fax:** _____

Qty	*Description/ problem with Instrument*	*# Repaired* (Internal Use)

Repair Authorization Signature: _____ [ ] quote before repair