



RGA # \_\_\_\_\_

## Repair Submission Form

PO # \_\_\_\_\_

Phone # \_\_\_\_\_

Contact: \_\_\_\_\_

Fax # \_\_\_\_\_

**Bill to:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Ship to:** ( If different then bill to address )

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<input type="checkbox"/> All repairs pre-approved.	<input type="checkbox"/> Please quote all repairs.*	<b>Repairs must be returned on or before</b>
<input type="checkbox"/> Standard warranty requested.*	<i>* Requesting a quote will affect your turnaround time by 1-2 business days.</i>	_____
<input type="checkbox"/> Extended warranty requested.*		
<input type="checkbox"/> Phaco Handpiece.	<input type="checkbox"/> Cables and Transformers.	<input type="checkbox"/> Fetal Monitoring Equipment.
<input type="checkbox"/> CUSA Handpiece.	<input type="checkbox"/> Powered Instruments.	<input type="checkbox"/> Patient Monitoring Equipment.
<input type="checkbox"/> Harmonic Scalpel.	<input type="checkbox"/> Remote Control/Footswitch.	<input type="checkbox"/> Lithotripsy Equipment.
<input type="checkbox"/> Lipoplasty Equipment.	<input type="checkbox"/> Instrument Console & ESU	<input type="checkbox"/> Medical Pumps and Infusion.

Please ship your damaged device(s) packaged and protected securely to the following address:

**MycO Repair Center**  
**510 Highland Avenue, #332**  
**Milford, MI 48381**

Manufacturer	Model	Serial #	Problem/Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\* Phaco handpiece repairs and rebuilds come with a standard 7 month unconditional warranty \***  
**\* All other repairs/rebuilds come with a standard 90 day unconditional warranty \***  
**\* Longer warranty periods available \***