

FOR SERVICE SHIP TO:

Velocity MediVision Service Center 4883 E. La Palma Ave, Ste. 503 Anaheim, CA 92807 Phone: 714 563 2772

Phone: 714.563.2772 Fax: 714.563.2711

Velocity Orthopedics Medivision Service Center RIGID/SEMI-RIGID ENDOSCOPE SERVICE REQUEST

Date:

SALES CONTACT INF	ORMATION			
Sales Representative:				
Phone #:				
CUSTOMER INFORMAT	ION			
Contact Name:				
Phone #:				
Facility Name:	Facility P.O. #:			
Customer Address:				
SCOPE INFORMATION	N			
Make	Model	Serial #	Reported Problems	
Velocity Orthopedics is dedicate	d to the safety of our custome	ers, shipping partners and emp	oloyees.	
any reason must be decontam	inated (cleaned, disinfected, est, please complete this for	, and/or sterilized) according	to the Operat	evices returned to Velocity Orthopedics, Inc. for ting and Maintenance Manual for that device. rre to include cleaning and disinfection and/or
The accompanying medical equipment has been cleaned \square , and disinfected or sterilized \square prior to shipment.				
Signature:				Date:
RETURN SHIPPING INFORMATION: All scopes must be packaged in an individual scope box or surgical tray, then shipped in an outer box. See website for Warranty. Ship To: Same address as above				
Facility Name:	ss as above			Attention:
Address:				Automon.
Audiess.				
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Velocity® Orthopedics, Inc.	For Office Use Only:			