

FOR SERVICE SHIP TO: Velocity MediVision Service Center 4883 E. La Palma Ave, Ste. 503 Anaheim, CA 92807 Phone: 714.563.2772 Fax: 714.563.2711 scopeservice@velocityortho.com

Date:

Velocity Orthopedics Medivision Service Center RIGID ENDOSCOPE SERVICE REQUEST

SALES CONTACT INFORMATION		
Sales Representative:		
Phone #:		

CUSTOMER INFORMATION				
Contact Name:				
Phone #:				
Facility Name:	Facility P.O. #:			
Customer Address:				

SCOPE INFORMATION						
Make	Model	Serial #	Reported Problems			

Velocity Orthopedics is dedicated to the safety of our customers, shipping partners and employees.

Following the regulations of the OSHA Bloodborne Pathogen Standard 29 CFR 1910.1030, all medical devices returned to Velocity Orthopedics, Inc. for any reason must be decontaminated (cleaned, disinfected, and/or sterilized) according to the Operating and Maintenance Manual for that device. To expedite your service request, please complete this form and enclose with your instrument. Failure to include cleaning and disinfection and/or sterilization documentation will delay your repair.

The accompanying medical equipment has been cleaned I	, and disinfected or ste	erilized	
Signature:			

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:		Attention:			
Address:					

For Office Use Only:

Date received:

Date: