

22134 Sherman Way • Canoga Park, CA • 91303 • USA

Office: (818) 227 - 2720 • Fax: (818) 227 - 2724

Email: customerservice@aed.md

SECTION 1

| (Office Use Only) | | | | |
|--|--|--|--|--|
| Customer P.O. #: | | | | |
| Quote Requested? □YES □NO Pre-approved: \$ | | | | |

| 32311311 2 | | | | | |
|--|-------------------|--------------|-----------|-------------------------------------|--|
| (To be filled out by customer requesting repair) | | | | RETURN TO: | |
| Date: | | | | | |
| Hospital Name: | | | | | |
| Contact Name: | | | | | |
| Department: | | | | | |
| э ора. | | | | | |
| Telephone: | | | | Via □ FedEx □ UPS □ USPS | |
| Email: | | | | Please type or print return address | |
| SECTION 2 | | | | | |
| Qty | Model # /Serial # | Manufacturer | Instrumen | nt Description of repair needed | |
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