

Refurbished Equipment ↗ New Products ↗ Custom Manufacture ↗ Instrument Repair

## SCOPE REPAIR REQUEST

Please fill in and return with equipment to be repaired

DATE:			
HOSPITAL NAME:			
DEPARTMENT:			
CONTACT NAME:		PO #	
EMAIL ADDRESS:		PHONE #	
ACCOUNTS CONTACT:		ACCTS PH#	
DELIVERY ADDRESS:			

Model: \_\_\_\_\_ SERIAL # \_\_\_\_\_

WHAT THE PROBLEM IS:

Has this equipment been disinfected? YES  NO

Method of disinfection

**SOMA TECHNOLOGY PACIFIC WILL CONTACT YOU WITH A WRITTEN QUOTE TO REPAIR THE EQUIPMENT ONCE IT HAS BEEN ASSESSED BY OUR REPAIRER.**

**WE WILL REQUIRE A PURCHASE ORDER NUMBER TO INDICATE YOUR QUOTE ACCEPTANCE BEFORE REPAIRS WILL BE UNDERTAKEN.**

FOR SOMA'S USE ONLY		
Job #	Supplier	Date R'vd
PO#		Invoice#

**Courier Address: 25 Hogarth Rise, West Harbour, Auckland 0618**