

Medical equipment repair specialists, refurbished, re-insulation & 2nd hand equipment

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:

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Has this equipment been disinfected? YES ☐ NO ☐

Method of disinfection

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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: 61 Coulter Road, Swanson, Auckland 0614