

INSTRUMENT REPAIR REQUEST

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

Have these instruments been disinfected? YES ☐ NO ☐

Method of disinfection

--

QTY	INSTRUMENT DESCRIPTION	REPAIR REQUIRED		

FOR ENQUIRIES PLEASE RING 0800476627 (Admin)

Repairs will only be undertaken on receipt of a Purchase Order Number

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

Courier Address: 61 Coulter Road, Swanson, Auckland 0614

Refurbished Equipment ✧ *New Products* ✧ *Custom Manufacture* ✧ *Instrument Repair*

[illegible]

Courier Address: 61 Coulter Road, Swanson, Auckland 0614