

Instrument Repair Form

1-877-669-7646



YOUR SOURCE FOR SPECIALTY SURGICAL INSTRUMENTS

www.superiorsurgical.com

Bill to Address

Facility Name:	
Title:	
Address	
Address 2	
City, State Zip	
Department:	
Phone:	

Return to Address Please check if same as bill to

Facility Name:	
Title:	
Address	
Address 2	
City, State Zip	
Department:	
Phone:	

Please check all that apply

- Please call with estimate before repair (may effect turnaround time)
- Repairs must be returned on or before Date:

Desired Return Method

(please check one)

- UPS Ground
- UPS 2 day
- UPS Next Day

Purchase Order #

Please ship repairs to: **Superior Surgical**
Attn: Repair Department
321 Jones Blvd, Suite 112
Pottstown, PA 19464

Manufacturer	Model #	Description of problem	Tech Use only

We understand how critical your equipment is to your staff and your patients