



ENDOSCOPY REPAIR SPECIALIST
A SERVICE DISABLED VETERAN OWNED COMPANY

Service Repair Order Form

Date: _____ PO #: _____

Manufacturer: _____ Model: _____ Serial # _____

Problem with Equipment:

Please Circle What Applies:

This instrument has been: Cleaned Disinfected

Method Used: _____

Person Approving Repairs:

Name: _____ Ph#: _____

Email: _____

Contact Person Familiar with Equipment Concern

Name: _____ Ph#: _____

Email: _____

Do you approve this repair up to and including amount specified below?

_____ *Up to \$500.00* _____ *Up to \$1,000.00*

_____ *Up to \$1,500.00* _____ *Up to 2,500.00*

Shipping Address

Facility Name: _____

Street Address: _____

City, State, Zip: _____

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