



REPAIR REQUEST

Date: _____

Please fill out the information below and return to customer service via email (info@sylvanmed.com) or fax (724-864-7138). Sylvan would be happy to answer any further questions you may have.

CONTACT INFORMATION:

Name: _____ Phone: _____
Hospital: _____ Email: _____
Department: _____ Shipping Address: _____
End Use Department: _____
End Use Contact (if different): _____ Purchase Order Number (if available): _____

TRANSILLUMINATOR REPAIR INFORMATION:

Model Number(s): _____ Number of transilluminators being shipped: _____
Serial Number(s): _____ Number of fiberoptic cables available to be sent out for
Description of Issue: _____ evaluation: _____
_____ Number of battery chargers available to be sent for
_____ evaluation: _____

COMMENTS:

CALL 1-800-628-3836 FOR MORE INFORMATION.

Direct: 724•864•9350 - Fax: 724•864•7138 - info@sylvanmed.com - www.sylvanmed.com - Made in the USA - ©2016