

Repair Request Form

For Information: repairs@medfix.com (520)398-5467

Please Complete This Form Making Sure To Sign and Date, Send Completed Form Along With Items To Be Repaired To:

Medfix International, LLC, Att: Repairs, 2109 E. Grant Rd. Tucson, AZ 85719

This form is not to be used for returns, Please call Medfix for an RMA number for returns.

Please have your sales order or invoice number ready when you call Medfix.

FOR REPAIRS

- 1:) Items must be sterilized before they are shipped to our facility.
- 2:) Shipper is responsible for shipping costs to and from our facility including for warranty repairs.
- 3:) Secure packaging in a manner to prevent further damage during shipping.
- 4:) Repairs must be prepaid before any work is done on items after quote is issued.
- 5:) 90 day warranty on all repairs.

6:) Turn around time usually 2-3 buisness da 7:) I understand and agree to the above guid	ays after approval & payment of repairs. delines (form must be signed and dated for r o	epair to be processed)	
Signature		Date	
Company Name: Shipping address (if diffe)	
Contact Person:			
Address:			
Telephone #:			
Email Address:			
ITEM#	Description	QТY	
Please use additional form if necessary			