



Repair Authorization Form

In shipping items to be repaired, this form must be completed and enclosed.

All instruments must be clean and free of contaminants.

PLEASE NOTE TERMS:

If your repair charge is calculated to be \$200.00 or less than 30% of the replacement value, the lower of the two being applicable, we will automatically repair the product without notice. **Customer certifies that all items sent have been cleaned and disinfected.** I have read and understand the terms above.

Printed Name _____ Signature _____ Title _____ Date _____

SHIP TO: CooperSurgical, Inc.
Attn: Service & Repair
95 Corporate Drive
Trumbull, CT 06611

To pay by credit card, check here and see below.*

Customer #: _____

PO#: _____

Billing Address:

Shipping Address:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Contact Name 1: _____

Phone #: _____

Fax#: _____

Email: _____

ITEMS TO BE REPAIRED

Catalog Number	Quantity	Serial/Lot Number	Description of Problem

Additional Details: _____

Please Answer All - **Response Required**

- Is this a product performance problem? Yes _____ No _____
- What procedure was the physician performing? Details: _____ None _____
- Was there a patient involved? Yes _____ No _____
- Was there a patient injury? Yes _____ No _____
- Did physician perform extra steps to complete procedure? Yes _____ No _____
- Was there any additional medical attention? Yes _____ No _____
- Was there a Potential Health Risk? Yes _____ No _____

***For your protection, do not include credit card information on this form. We will call you to obtain this information.**