



## 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.**