

VETERINARY ENDOSCOPY SPECIALIST

Sales • Service • Support

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Repair Request Form

Customer Name:			
Delivery Address:			
Contact Name:	Ph:	Email:	
Manufacturer:	Model No:	Serial No:	
☐ Flexible Endoscope (Ple	ease Circle around the faulty o	area on the diagram below)	
Con	atrol Body Biopsy Channel Po	ort Insertion Tube	Distal End/Cap/Nozzle
Angula Eyepiece/	Protations Knobs/Brakes	rector	Bending Section/Rubber
Ocular/ Switch Head (Videoscopes)	Light Guide Tube/Univ	Light Guide Co EL Connector(onnector/ Videoscopes)
☐ Other (Please specify	v)		Ö ₩
Details of Fault:			
IMPORTANT: Should your	flevible endoscone fail a leak t	test, please do not immerse in any flui	ids However we would request that
you externally wipe the ins	trument with alcohol prior to	packing and shipping.	us. However, we would request that
Equipment has been wiped	d down and disinfected?	Yes 🔲	No 🔲
Please ensure your goods c	are packed with extreme care	to prevent damage during transporta	tion.
Signed:		Date:	

If you have any queries regarding your repair, please contact our Customer Service Department on: +61 03 9543 3991