Repair Form



Information

Please complete the form fields below. Print the document and include with the product to be repaired.

Equipment has been sterilized/disir	nfected.	
Date Shipped//		
Facility Name		
Address		
City	State	Zip Code
Make	Model	Serial Number
Contact Information		
Name of person to contact about repair	Title	

		JI		
Phone number	Extension	E	mail address	
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Description of Problem/Concern

Ship to:		
Bix Medical / Rimbx Supply, LLC		
9040 Town Center Parkway		
Lakewood Ranch – FL 34202 USA		

Phone: 941-757-3587