



DANAN ENDOSCOPY SYSTEMS, CO.
"Your Endoscopy Specialists"

REPAIR REQUEST FORM

Facility Name: _____

Address: _____

Phone Number: _____ Contact Name: _____

TO HELP US BETTER SERVE YOU, PLEASE FILL THIS FORM OUT COMPLETELY AND INCLUDE WITH THE INSTRUMENT(S) WHEN SHIPPED. ONCE RECEIVED, WE WILL CONTACT YOU WITH AN ESTIMATE.
FOR THE SAFETY OF OUR STAFF, PLEASE HAVE ALL SCOPES CLEANED AND DISINFECTED PRIOR TO SENDING FOR REPAIR.

DATE SENT: _____

MODEL #(S) _____ Complaint: _____

SERIAL # (S) _____

MODEL #(S) _____ Complaint: _____

SERIAL # (S) _____

ACCESSORIES: _____

CUSTOMER COMPLAINT: _____

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