

From / Ship to:

**Facility** 

**Address** 

Country

City, State, Zip

Ship Repairs to

**Date** 

PO#

RMA#

Rush

Capital Medical Resources 57 N Sandusky St, Suite 1 Delaware, OH. 43015-1925

> p. 614.389.1334 f. 614.467.3923

<u>info@capitalmedicalresources.com</u> <u>www.capitalmedicalresources.com</u>

Yes \_\_\_\_

No

## Repair Work Order Form

Contact Dept Phone		Shipping Carrier Shipping Acct #			
				Fax	
				Email	
For the s		tory compliance, please ensure that all items for repair are sterilized prior to shipment. r high-level disinfected, please red bag or contact us for further instructions.			
Qty	Make, Model	SN#, Description, Complaint			
		I			

**Additional Notes:**