

PACKING SLIP – PLACE INSIDE PACKAGE



309 Laurelwood Rd, Suite 4  
Santa Clara, CA 95054

To ensure prompt turnaround time, PRINT, FILL out as much information as possible, clearly state the problem, , and INCLUDE this form with your damaged items. **Please ship packages to the above address.** An email confirmation will be sent as soon as your package(s) are recieved.

Contact Name: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

**Loaner Request: YES / NO**

Problem(s) or Issue(s):

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**PLEASE CLEAN, DISINFECT AND OR STERILIZE EQUIPMENT PRIOR TO SHIPPING**