



To
 GEISTER Medizintechnik GmbH
 Technical Service
 Foehrenstrasse 2
 D-78532 Tuttlingen
 Germany

Sender:

Contact person and phone for queries:

Repair Slip No. _____ RMA# _____

Please repair the following instruments Date _____ 200_____

Article REF	Repair reason / Description of defect

We request

() Cost estimate () Loan instrument during repair period () Warranty Repair

Remarks: _____

We certify, that all instruments are cleaned and sterilized.

Sincerely,

Signature

GEISTER

