



GEISTER Medizintechnik
 Technical Service
 Föhrenstraße 2
 D-78532 Tuttlingen
 Germany

Sender

Repair Slip No. _____

RMA _____

Date _____

Contact Person and phone for queries:

Please repair the following Instruments

Article REF	Repair reason/Description

Please tick the appropriate box:

- Cost estimate** **Loan instrument during repair** **Warranty**

Remarks _____

We certify that all instruments are cleaned and sterilized.

 Signature

