

# First Medica

## Repair Authorization Form

Item:	<input type="text"/>	Serial #:	<input type="text"/>
Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Warranty:	<input type="text"/> Y / <input type="text"/> N

Returned by:	
<input type="text"/>	
<input type="text"/>	
e-mail:	
Phone: ( <input type="text"/> ) - <input type="text"/>	FAX: ( <input type="text"/> ) - <input type="text"/>

Purchased from:	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	
PO #:	
<input type="text"/>	
Contact Name:	
Phone: ( <input type="text"/> ) - <input type="text"/>	FAX: ( <input type="text"/> ) - <input type="text"/>

Description of problem:
<input type="text"/>
<input type="text"/>
<input type="text"/>

<b>To be completed by repair facility</b>	
Problem found:	
<input type="text"/>	
<input type="text"/>	
Estimate:	<input type="text"/>

Estimate accepted by:	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
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**Please return this form along with your repair. Send to:**  
**First Medica Repairs, 13030 Homer Smith Rd., Piedmont, SD 57769**

- \* First Medica cannot repair any equipment until this form has been submitted.*
- \* If the item is out of warranty no work will be done until the customer has returned this authorization form. If customer does not accept the estimate the item will be returned.*
- \* Do NOT return glass tips or orange shields with light repairs - First Medica will not be responsible for them.*
- \* For repair questions call (605) 787-7717*