

Return Goods Authorization Request Form for Repair

Customer ID: _____

Hospital name: _____

Address: _____

Hospital Contact Name: _____

Email: _____

Phone: _____

Item #	Lot/Serial #	Qty	Original PO #	Purchase Date	Failure Description

If the item is out of warranty, please include a purchase order with your request for the following repair estimates:

- Doppler Transceiver - \$225.00
- Other Product - \$175.00

Photos of item to be repaired are recommended.