

**DOMESTIC ONLY
OFF PREMISES INSTRUMENT REPAIR WORK ORDER**

Surgical Instrument Repair Services

Customer Acct. #

Customer PO#

Ship To: _____

Bill To: _____

Contact Name _____

Contact Tel. # _____

E-mail Address _____

To expedite your repair please indicate the amount for which this order is PRE-APPROVED

]\$20]\$50]\$100]\$150]\$200]\$300]quote before repair

Instrument Description	Qty.	Notes	Instrument Description	Qty.	Notes
Scissors			Suction Tube		
Needle Holder			Speculum		
Forceps			Scalpel handle		
Dissector			Lap.Instrument		
Retractor			Trocar/Sleeve		
Probe/Dilator			Rongeur		
Other			Other		
Other			Other		
Other			Other		

Return Shipping Options

] Ground \$ 10

] 2nd day \$ 15

] Next Day \$ 25

**All instruments and equipment must be
decontaminated and disinfected PRIOR to
shipping to Teleflex Repair**

Please sign below to indicate that all instruments/equipment in this order have been properly decontaminated and disinfected.

Customer signature: _____ Date: _____

Please note that if the above is not signed, the order will be decontaminated by Teleflex Repair and a decontamination fee will be added to this order.