



Diamond Knife Repair Form

No RMA number is required for this repair.

Contact: _____

Phone #: _____

Email: _____

Fax #: _____

Bill to:

Ship to: (if different than bill to address)

Rehoning Pre-approval: Ambler Surgical is authorized to proceed with the **Rehoning** of the blade(s) listed below. For any knives requiring blade replacement, you will receive an estimate which will require signed approval before we proceed.

PO#: _____

Signature required
for preapproval _____

Repairs must be returned on or before: _____

We will contact you ASAP if your blade(s) cannot be returned by the date listed above.

Please choose return
shipment option:

☐

FedEx Ground

☐

FedEx 2 Day

☐

FedEx Priority Overnight

Ship diamond knives securely to: **Ambler Diamond Knife Repair**

101 N. Gray Avenue

Wilmington, DE 19805

Please provide information if available.

Manufacturer

Model

Serial #

Problem/Description

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE NOTE:

Please be sure to ship your diamond blades securely, in a diamond knife sterilization case if possible. Ambler Surgical is not responsible for additional damage that may occur in shipping due to blades which are not secured in transit.