



Surgical Instrument Repair Form

Do not use this form for Phaco / Cryo handpieces or Diamond knives

Contact: _____

Phone #: _____

Email: _____

Fax #: _____

Bill to:

Ship to: (if different than bill to address)

Please choose:

☐ All repairs pre-approved

PO#: _____

☐ Please quote all repairs (this will affect the turnaround time)

Notes: _____

**Please choose return
shipment option:**

☐ FedEx Ground

☐ FedEx 2 Day

☐ FedEx Priority Overnight

Ship instruments securely to:

**Ambler Instrument Repair
223 Pickle Simon Rd. #200
Winder, GA 30680**

Please provide catalog numbers for all instruments if possible.

Qty.	Catalog #	Problem/Description	(Technician Use Only)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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