



Phaco Handpiece Repair Form

Contact: _____

Phone #: _____

Email: _____

Fax #: _____

Bill to:

Ship to: (if different than bill to address)

| Please select Warranty | | <input type="checkbox"/> 6 Month Warranty | <input type="checkbox"/> 12 Month Warranty |
|------------------------|----------------------------------|---|--|
| Alcon®* | Centurion® / Ozil® | \$1350.00 | \$1650.00 |
| Alcon®* | Turbosonics® / Ultrasonic® | \$995.00 | \$1295.00 |
| AMO®* | Ellips FX® | \$1350.00 | \$1650.00 |
| AMO®* | Sovereign® / Whitestar® | \$995.00 | \$1295.00 |
| Storz®* | Stellaris® Attune™ / Millennium™ | \$995.00 | \$1295.00 |

Repair pre-approval: Ambler Surgical is authorized to proceed with the complete refurbishment of the phaco handpiece(s) listed below at the pricing and warranty option selected above.

PO#: _____ Signature Required: _____

Notes: _____

Please choose return

shipment option:

☐

FedEx Ground

☐

FedEx 2 Day

☐

FedEx Priority Overnight

Ship handpieces securely to:

Ambler Phaco HP Repair
539 Pasadena Ave. South
St. Petersburg, FL 33707

Please provide information if available.

| Manufacturer | Model | Serial # | Problem/Description |
|--------------|-------|----------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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