



8730 Commerce Park Place Suite E, Indianapolis, IN 46268

## SERVICE / RETURN NOTIFICATION

Facility Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Department: \_\_\_\_\_

Address line1: \_\_\_\_\_

Address line2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_

LEAK TEST: PASS \_\_\_\_\_ FAIL \_\_\_\_\_

IMAGE QUALITY: GOOD \_\_\_\_\_ POOR \_\_\_\_\_

Service Issue: \_\_\_\_\_

**Due to Regulatory Requirements \*, please provide reprocessing method.  
\* FDA, OSHA and SGNA**

Reprocessing Method: *I certify this equipment has been reprocessed as indicated below:*

\_\_\_\_ Cidex OPA    \_\_\_\_ Gluteraldehyde    \_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_ Custom Ultrasonics    \_\_\_\_ Medivators    \_\_\_\_ Steris    \_\_\_\_ J&J    \_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_

**NOTICE:** In the event where the returned scope has not been re-processed, Fujinon reserves the right to charge the customer a **\$150.00 Re-processing Fee**. This amount will be added to the cost of repairs.

Contact person authorized to approve service charges and / or to answer questions related to this Service Request

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Phone or Fax: \_\_\_\_\_ Ext: \_\_\_\_\_

The best time to reach this person is between \_\_\_\_\_ AM and \_\_\_\_\_ PM

**Purchase Order Number** \_\_\_\_\_

This form applies to all scopes. ( Customer / Loaner / Demo / Evaluation Scopes)