

Eberle GmbH & Co. KG
QUALITY MANAGEMENT SYSTEM
Accompanying Documents / Repair

Address:

EBERLE GmbH & Co. KG
Service
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E-Mail: info@eberle-med.de
Homepage: www.eberle-med.de

Shipper:

Clinic/medical practice: _____
Street: _____
Postal code and city: _____
E-Mail: _____
Phone: _____ Fax: _____

Device designation:

Article no.: _____
Serial no.: _____

Article has been:

sterilized
disinfected
Wiped clean

Device state:

Accessories: please list possibly enclosed accessories

Defect: please give a detailed description of the fault

- Please provide a cost estimate before repairing the device / from EUR _____
(exclusive of shipment and VAT).
- Please repair the device without cost estimate.
- We require a loan unit while the device is being repaired.

Date, Name

Signature