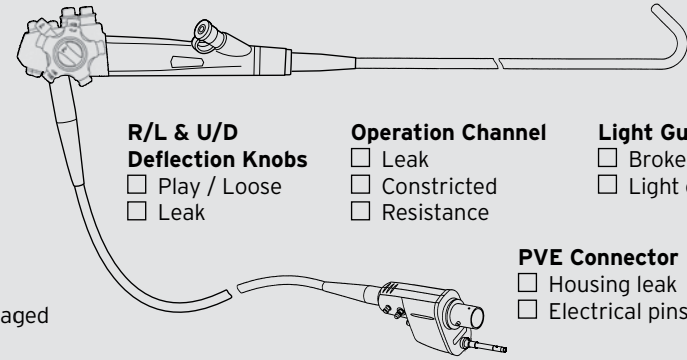


Endoscope Service Request Form

Hospital/Surgery Center/Clinic _____ RMA # _____ Date _____
 Address _____ Phone _____ Fax _____
 Contact _____ Department _____ Email _____
 Model _____ Serial # _____ Account # _____

Routine Service Request

Performance Concerns: Please Check Where Applicable



Control Body <input type="checkbox"/> Remote control buttons leak <input type="checkbox"/> Cover leak Umbilical Cable <input type="checkbox"/> Buckled or damaged	R/L & U/D Deflection Knobs <input type="checkbox"/> Play / Loose <input type="checkbox"/> Leak Operation Channel <input type="checkbox"/> Leak <input type="checkbox"/> Constricted <input type="checkbox"/> Resistance	Insertion Tube <input type="checkbox"/> Buckled <input type="checkbox"/> Worn out Light Guide Fiber Bundle <input type="checkbox"/> Broken <input type="checkbox"/> Light output insufficient PVE Connector <input type="checkbox"/> Housing leak <input type="checkbox"/> Electrical pins corroded	Distal End <input type="checkbox"/> Objective lens unit scratched <input type="checkbox"/> A/W insufflation insufficient <input type="checkbox"/> Image distorted Deflection <input type="checkbox"/> Insufficient <input type="checkbox"/> Bending rubber leak
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Comments: _____

Unit has been disinfected: Yes No (If not, please use wrap) **Leak Test:** Pass Fail
Please indicate type of disinfectants used: Cidex/Cidex OPA Gluteraldehyde Peracetic Acid PA Others: _____

For Expedited Service

Service Agreement # _____ Name of person requesting repair _____ Title _____
 or Purchase Order # _____
 Phone _____ Repair Approval Signature _____
 Fax _____ Email _____

YES, begin repair of my instrument if the service resolves the issues described above.
If using a purchase order, PENTAX is authorized to complete your repair up to and including the amount indicated below:
 Up to \$500 Up to \$1,000 Up to \$1,500 Up to \$2,500 Up to \$4,000 Up to \$5,000
 NO, do not begin any repairs without authorization from contact above.

Note: If the instrument repair is pre-approved, it must be accompanied by a P.O. number and a hardcopy of the actual purchase order.
Shipping Recommendations: Include the soaking cap, and all applicable valves with the endoscope. Remove all accessories from the shipping case that are not directly related to the service concern. Pack the contents carefully to prevent further damage to the instrument.

The PENTAX i-care Advantage™ Service Programs demonstrate our commitment to unparalleled customer satisfaction. Our innovative solutions promote patient safety, maximize cost effectiveness, accelerate practice productivity and improve clinical outcomes.

PENTAX Customer Service: (800) 736-8293