



V.O.I. Power Repair Information Sheet

Customer Account Number:

RMA #:

Date:

**** All items being sent for repair require this form to be filled in full ****

	Item to be evaluated:	Serial Number:	Date of Purchase:
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____

Please provide as much information as you can for the following questions:

What are the problems you are experiencing?

When did the problem occur?

Does this happen consistently or randomly?

Email contact for estimates and updates: _____

Shipping information:

Clinic Name: _____ Attention: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Warranty repair information:

If a valid receipt of purchase within the warranty time frame of a repair is not provided, all power under warranty repair may incur charges. Please contact your account representative to ensure a copy of your power purchase through V.O.I. If the equipment being sent in has not been purchased through V.O.I. we will service as usual, however no warranty repair will be offered.

Your Name: _____

Signature

Print

Contact V.O.I. Today

904-436-6540 WWW.VETIMPLANTS.COM repairs@vetimplants.com



V.O.I. Certificate of Sterilization (CofS)

Note: OSHA Standards (29CFR1910.1030) require instruments to be sterilized prior to shipping.

OSHA Bloodborne Pathogens Standard (29CFR1910.1030) requires the use of appropriate sterilization on potentially contaminated equipment and instrumentation prior to transporting. This is necessary to ensure that equipment is in a condition that makes it safe to be handled by all personnel who may come into contact with it during transit and subsequent handling. All used surgical equipment is assumed to have potential exposure to blood or other potentially infectious materials.

Instructions:

1. _____ Please contact your account representative for an RMA# prior to shipping.
2. _____ Sterilize using OSHA-approved protocols.
3. _____ Complete the form below.

Sterilization of power equipment, accessories and implants for shipment to V.O.I. with RA# below was performed as above. RMA # _____

Sterilization was performed by:

Printed Name:

Signature:

Facility Name:

Phone:

Date: