Cryosurgical Handpiece Repair Form

Contact: _____ **Phone #:** _____

Email: _____ **Fax #:** _____

Bill to:

_____

_____

_____

_____

Ship to: (if different than bill to address)

_____

_____

_____

_____

All repairs will be quoted within 2-3 business days of receipt.
We will not proceed with your repair without your written authorization. **PO#:** _____

Notes: _____

Please choose return shipment option: ☐ FedEx Ground ☐ FedEx 2 Day ☐ FedEx Priority Overnight

Ship handpieces securely to:

Ambler Cryosurgical HP Repair
730 Springdale Drive
Exton, PA 19341

Please provide information if available.

Manufacturer	Model	Serial #	Problem/Description

SOP 75-05-F1 Rev A

Declaration of Decontamination

This document must be completed and signed, accompanying each return.

Used surgical instrument being sent in for:

- ☐ Repair
- ☐ Complaint
- ☐ Defect Evaluation

Notes: _____

_____

_____

_____

I hereby confirm with my signature that the instruments being sent in have been cleaned and decontaminated, in accordance with Ambler Surgical cleaning and sterilization guidelines, and returned in a sealed sterile pouch. Also, that the instruments have been tested and contain no foreign matter or liquids, nor that they are contaminated with any biologically hazardous substance or other substances that may cause or contribute to any illness or injury of any kind.

Name: _____ **Title:** _____

Date: _____ **Signature:** _____

amblersurgical.com P: 1-888-407-0006 F: 610-280-7909