

MEDICAL RESOURCES GROUP LIMITED

Please Disinfect All Instruments Before Shipping For Repair

Return This Form With Instrument Being Sent For Repair

Date	Purchase Order Number (Please attach copy)	Model & Serial Number
Account Name:		
Street Address:		
City:	State:	Zip:
Contact Name:	Department:	
Phone Number/Ext.	Fax Number:	
Email Address:		
Describe Problem: _____ _____ _____ _____		
All Shipments will be UPS GROUND unless otherwise requested:		

Ship To:
Service Department
Medical Resources Group Limited
1931 South Main Street / Morton, IL 61550
Toll Free: 888-674-6621 / Fax: 309-263-6903