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### **Tourniquet Repair Form**

Business Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Tourniquet Model # \_\_\_\_\_

Serial # \_\_\_\_\_

Problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Condition: (Please list any scratches, cracks, missing labels or dents in unit)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Warehouse Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Arrival Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Sales Rep: \_\_\_\_\_

Please fill out and fax back to us at 952.882.1389

Thank you for the opportunity to serve you