

Walters Medical

Foetal Transducer Repair Form

TR No.		
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IMPORTANT INSTRUCTIONS

Please ensure Sections 1 & 2 are fully completed & enclose with the foetal transducer(s) you send to us for repair. Failure to complete accurately & to provide an official Purchase Order No. may delay the repair service.

all repairs	. Cu:	stomer/Hosp	oital Cont	act & Ord	ler Details					
Department Return Address Postcode Email Telephone Ext. 2 Items for Repair – please ✓ the appropriate brand/transducer type, enter the respective Serial No. & any known fault Item	Cor	ntact Name						Customer Order No.		
Postcode Email Telephone Ext. 2 Items for Repair — please ✓ the appropriate brand/transducer type, enter the respective Serial No. & any known fault Type	Pos	sition						Date	/	/
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Item	Em	ail						Telephone		Ext.
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Item	lte	ms for Repai	ir – please	e ✓ the ar	opropriate br	and/transduc	cer type, en	ter the respective Se	erial No. & anv	y known fault
Item GE/Corometrics HP/Philips Ultrasound Toco		the appropriate states, transauter type, effect the respective serial for a unit known fault								
2 3 4 5 Signature of release: I hereby verify that the above information is correct and I am sending these items to Walters Medical for repair. I also verify that the products in question have been decontaminated. Signature Print Name Print Name Please send all repairs to our NEW address below Date Received Checked Email WM Repair PO Raised Repair Process Tracking										
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3 Walters Medical use only – Enter FTR No. in box above Date Received Checked Email WM Repair PO Raised Repair Process Tracking	1 2 3 4	GE/Corome		P/Philips		1	Serial	No.	Known Fa	ult
3 Walters Medical use only – Enter FTR No. in box above below Date Received Checked Email WM Repair PO Raised Repair Process Tracking	1 2 3 4 5 Sig	gnature of reereby verify that question have be	elease:	e informatio	Ultrasound	Toco				that the products Please send
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