



MMR No.

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

Contact Name		Customer Order No.	
Position		Date	/ /
Hospital/Trust			
Department			
Return Address			
Postcode			
Email		Telephone	Ext.

Item	Brand	Module Model No.	Serial No.	Asset No.	Current Software Revision No.	Known Fault
1						
2						
3						
4						
5						

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 product(s) in question have been decontaminated.

Signature _____ Print Name _____

**Please send
all repairs
to our NEW
address
below**

[illegible]

Tel: 0845 6800 377 Fax: 0845 6800 388 Email: repairs@waltersmedical.co.uk Web: www.waltersmedical.co.uk