



## FTR No.

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.

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

| Item | ✓ Brand        |            | ✓ Type     |      | Serial No. | Known Fault |
|------|----------------|------------|------------|------|------------|-------------|
|      | GE/Corometrics | HP/Philips | Ultrasound | Toco |            |             |
| 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 products in question have been decontaminated.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ 

[illegible]

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