

Ship your package to: Karl Schumacher Repair 3232 N Rockwell St Chicago, IL 60618

RC #	
	Checklist for your shipment:
	Repair Order Form Completed
	Traceable Shipping Method Selected
	Shipping Label Produced
	Items in Processed Sterilization Pouch
	Items Packaged Securely in Box

				Please 'X' Below		(for internal use)	
ty	Manufacturer	Instrument Name	Instrument # / Markings	Sharpen	Refurbish	Service Number	
		(Please	mark your selection) Rep	olace with New	Return	Recycle	
	For Instru	ments that cannot b	e repaired:				
ecial		t are replaced unde ment instruments wil					
		Cu	ustomer Inform				
Contact Person:				Phone:			
Doctor(s) Name:				Fax:			
Company Name:				Email:			
	Ship to Address:			Specialty:			
hip to	Address:			pecialty:			

Customer #: