REPAIR FORM

Bill To:_____

_____

_____

_____

Ship To:_____

_____

_____

_____

Your Name:_____

Customer Code (If known):_____

Phone Number:_____

Fax Number:_____

E-mail:_____

If instrument is beyond repair may we replace it? Yes ☐ No ☐

P.O. #:_____

MINIMUM BILLING CHARGE $25.00

(3-4 instruments per order should cover the minimum)

Quantity	Description	Price	Total
	Total # Of Instruments		

All Instruments Sent For Service Must Be Sterilized

Please include your name and phone number so we can contact you if necessary.

Cut out and use label supplied — Allow 7-10 business days for return

If you require them back sooner — Please supply date needed by ___/___/___

CATALOG REQUEST
Please Send:

- ☐ Dermatology
- ☐ Micro Dissecting & General Instruments
- ☐ Orthopedic
- ☐ Veterinarian

GEORGE TIEMANN & CO.
REPAIR DEPARTMENT
25 Plant Avenue
Hauppauge, NY 11788-3804