

# Repair Order Form

Qty.	Size	Manufacturer	Condition to Be Corrected



Customer: \_\_\_\_\_

Contact: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ship Your Cassettes to be Repaired to:

**Z&Z Medical, Inc.** c/o RC Imaging

50 Old Hojack Lane

Hilton, NY 14468

**To expedite your order, please provide complete information.**

Please include this repair form with your shipment and also email a copy to [orders@zzmedical.com](mailto:orders@zzmedical.com) to obtain a repair estimate.