



**Medical Recovery Company, Inc.**  
**Endoscopy Specialists**

1850 East 121st Street  
 Suite 100  
 Burnsville, MN 55337  
 1-800-759-7768 • (952) 882-9922  
 Fax: (952) 882-9923  
 Email: info@medicalrecovery.com  
 Website: www.medicalrecovery.com

**PRE-AUTHORIZATION FORM FOR REPAIR SERVICE**

Please send this completed form, along with the instrument for repair, to Medical Recovery Company, Inc. Our Customer Service Department will contact you with an estimate of repair cost and details regarding the prompt repair and return of your equipment. Pre-authorized repairs will be performed up to the amount indicated below.

*All instruments must be cleaned and properly disinfected prior to shipment to Medical Recovery Company, Inc.*

Date Shipped to Medical Recovery Company, Inc.: \_\_\_\_\_

Account Name: \_\_\_\_\_

Return to Dept.: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PURCHASE ORDER # \_\_\_\_\_ if required (If not, please enter name of person approving repair.)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Email: \_\_\_\_\_

**This form authorizes Medical Recovery Company, Inc. to complete this repair up to and including the amount indicated:**

Up to \$500.00       Up to \$1,500.00       Up to \$3,000.00       \_\_\_\_\_  
(Other Pre-approved amount)

**WHOM TO CONTACT WITH DETAILS OF REPAIR OR IF THIS REPAIR IS NOT PRE-AUTHORIZED:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE CHECK APPROPRIATE BOX:**

This instrument was:       CLEANED       DISINFECTED       STERILIZED

**Please send this form and the instrument for repair to:**

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