ATS

Infusion and Perfusion Pump Service & Repairs Form

Contact Name*:

Practice/Clinic Name:

Telephone No:

Practice/Clinic Address:

Email Address:

***Please ensure the contact name provided has authority within the organisation to approve.**

Equipment Details:

Manu-facturer	Model	Serial Number	Service Type: Repair, Service, Calibration	Details of any Reported Faults/Concerns

Please print a copy of this form and enclose it with you items and send to:

Anaesthetic Technical Services Limited, Unit 14, Littleton House, Littleton Road, Ashford, Surrey, TW15 1UU

All items should be securely packaged and sent using a recorded delivery service. ATS cannot accept responsibility for items damaged or lost in transit to us.