



Name of dealer 经销商名称

Address 联系地址

Tel/Mobile number 联系电话/手机

Hospital 本器械最终用户医院名称

spirit of excellence

Repair Request 维修申请

Product nr.(Cat.-No.) 产品型号: _____ Serial nr.(SN. / LOT) 序列号: _____

Accessories 附件: _____

Please tick the corresponding box and, if necessary, provide further information 请在相应问题前打钩并详述:

Damaged part 受损部位:

- | | |
|---|------|
| <input type="checkbox"/> housing | 操作手柄 |
| <input type="checkbox"/> ocular | 目 镜 |
| <input type="checkbox"/> lens system | 变焦镜头 |
| <input type="checkbox"/> suction switch | 吸引开关 |
| <input type="checkbox"/> release valve | 测漏阀 |
| <input type="checkbox"/> display | 显 示 |
| <input type="checkbox"/> colored cap | 颜色标识 |
| <input type="checkbox"/> sensor | CCD |
| <input type="checkbox"/> cable | 线 缆 |
| <input type="checkbox"/> fuse | 保险丝 |
| <input type="checkbox"/> push button | 按钮开关 |
| <input type="checkbox"/> tube | 管 道 |
| <input type="checkbox"/> image bundle | 导光束 |
| <input type="checkbox"/> deflection up/ down | 角度轮 |
| <input type="checkbox"/> brake | 角度卡锁 |
| <input type="checkbox"/> connector | 连接器 |
| <input type="checkbox"/> ocular cone | 锥形套 |
| <input type="checkbox"/> power plug | 电源插座 |
| <input type="checkbox"/> main board | 主 板 |
| <input type="checkbox"/> pincers, scissors..(tools) | 器 械 |

Problem 具体问题:

- | | |
|---|---------|
| <input type="checkbox"/> black screen | 黑 屏 |
| <input type="checkbox"/> warning signal (Symbol.....) | 报警信号 |
| <input type="checkbox"/> loose contact | 接触不良/松动 |
| <input type="checkbox"/> cut/ broken cable | 线缆损坏 |
| <input type="checkbox"/> short circuit | 短 路 |
| <input type="checkbox"/> hard to move | 活动固定 |
| <input type="checkbox"/> broken fibers | 光纤损坏 |
| <input type="checkbox"/> no function | 无 效 |
| <input type="checkbox"/> insufficient light output | 亮度不足 |
| <input type="checkbox"/> damaged by laser | 激光损坏 |
| <input type="checkbox"/> cracked | 破 裂 |
| <input type="checkbox"/> leaking | 泄 露 |
| <input type="checkbox"/> broken | 损 坏 |
| <input type="checkbox"/> burred | 磨 损 |
| <input type="checkbox"/> to grow damp | 受 潮 |
| <input type="checkbox"/> dirty | 肮 脏 |
| <input type="checkbox"/> clogged | 堵 塞 |
| <input type="checkbox"/> crushed | 破 碎 |
| <input type="checkbox"/> dented | 凹/压痕 |

Please describe the problem precisely 请详细描述问题:

Request to 希望: repair 维修 or replace with new product item no 购买新品型号 _____

We guarantee that the instruments are **completely disinfected and sterilized before we send it to you** and the repaired device or exchanged device will be returned to the same hospital as stated above. 我方保证在寄回贵公司前**已对本产品进行彻底消毒和灭菌**, 维修后的产品或经维修更换得到的产品仍将返回上述最终用户医院使用。

Signature, place and date of issue(stamp) 签名, 地点及日期 (加盖公章)