

Repair certificate:

Our postal address:

Dr. Fritz Endoscopes GmbH
Service & Showroom
Almenweg 10
Administration
Almenweg 10
88637 Buchheim-Tuttlingen
Germany

.....
Clinic
.....
Name
.....
Street
.....
ZIP Code/Location
.....
Phone:
.....
E-mail

Device type: Serial number:

Error description:
.....
.....

Special request for repair:
.....
.....

- We ask for:
- Cost estimate
 - Rental equipment (chargeable depending on type)
 - Replacement device (only for rigid endoscopes Dr. Fritz)

Please always enclose this repair certificate.