

Repair certificate



Sender / Stamp:

Practice / Clinic

Name / Contact person

Street and number

ZIP Code / Location

Phone

E-mail

Send repair to:

Dr. Fritz Endoscopes GmbH
Almenweg 10
88637 Buchheim
Germany

Once your package has arrived and the repair has been processed, we will notify you via email.

After a thorough inspection, you will receive an estimate from us.

Device type: _____ Serial number: _____

Error description:

Other: