



## Cavitron Repair Request Form

Dr/Office Name \_\_\_\_\_

Address/City/  
State/Zip \_\_\_\_\_

Date: \_\_\_\_\_ ☎ Phone \_\_\_\_\_

Contact Name \_\_\_\_\_ Email Address \_\_\_\_\_

Cavitron Model \_\_\_\_\_ Serial Number \_\_\_\_\_

Explain What Issues You Are Having With Your Unit . . .

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Please Include All Of The Following With Your Shipment (Check All That Apply).

- |                                        |                                     |                                            |                                          |
|----------------------------------------|-------------------------------------|--------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Cavitron Unit | <input type="checkbox"/> Power Cord | <input type="checkbox"/> Foot Pedal        | <input type="checkbox"/> Foot Pedal Cord |
| <input type="checkbox"/> Water Line    | <input type="checkbox"/> Air Line   | <input type="checkbox"/> Steri-Mate Handle |                                          |

Please Include This Filled Out Form With Your Shipment To:

Cavitron Repair Specialists  
6405 E. 77<sup>th</sup> St.  
Tulsa, OK 74136