

# Return For Evaluation / Repair Form

**Contact Person:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

**Clinic Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Clinic Name:** \_\_\_\_\_

**Shipping Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Item(s) being sent:** \_\_\_\_\_

Please describe what is happening or why you are sending in this unit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When returning items to us, we would prefer you send the complete unit so that a proper evaluation can be made.

It is suggested that you ship all returns to us insured by Federal Express or UPS. If using US Mail, it is suggested that you track and insure all packages.

Address all returns as follows:

**Engler Engineering Corp.**  
**Repair Department**  
**1099 East 47<sup>th</sup> Street**  
**Hialeah, FL 33013**  
**(305) 688-8581**

If you have any additional questions or problems, please call us at 800-445-8581.