

PACKING SLIP

Ship From:

Ship To:

American Surgical Instrument Repair, LLC  
28260 Airpark Dr. Suite 110  
Punta Gorda, FL 33982



Date:

PO Number:

Reference Number:

Contact Name	Contact Email Address	Contact Phone Number	Contact Dept.

Please Indicate preference for return shipment:

- ☐ Ground
- ☐ Next Day
- ☐ 2nd Day
- ☐ Other

Special Instructions:

- ☐ Quote Required
- ☐ Pre-Approved
- ☐ Pre-Approved not to exceed below amount indicated

Line	Item Description / Make / Model / SN# / Description of Problem	Order Quantity	Pre-approved Price
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
25			

Customer Signature:

\*Please ✓ one of the following:

- ☐ This certifies that the equipment being shipped has been cleaned and disinfected or sterilized, and that all federal, state and local laws and regulations regarding decontamination of medical equipment have been adhered to per applicable regulation.
- ☐ The equipment being shipped has not been cleaned and disinfected or sterilized. Any equipment received in Bio-hazardous packaging in accordance with OSHA and DOT regulations or with this box checked will be treated as contaminated equipment and the customer will incur a decontamination fee.

Thank you for your business!