

# SERVICE & REPAIR FORM

www.burtonsveterinary.com  
repair CENTRE@burtons.uk.com

**BURTONS**



## WHY CHOOSE THE BURTONS REPAIR CENTRE FOR YOUR EQUIPMENT SERVICE & REPAIRS?

- ✓ **Expert, multidisciplinary support team of Service & Repair Technicians and Technical Support Specialists.**
- ✓ **Providing equipment aftercare support to practices across the UK, Ireland, and Europe.**
- ✓ **A Service & Repairs management system made easy for you.**
- ✓ **Fixed Labour Charges\*.**  
\*some charges may vary dependent upon the equipment type and complexities of the requested service or repair.
- ✓ **Professional, reliable, informed, and friendly service.**

## STEP-BY-STEP PROCESS

1

Package your equipment suitably and securely.

2

Send to: Burtons Repair Centre,  
Burtons Medical Equipment Ltd, Units  
1-9 Guardian Ind Estate, Pattenden  
Lane, Marden, Kent. TN12 9QD

4

An initial inspection will be carried out by one of our expert technicians.

3

Our team of experts will book your device(s) into the management system, using your completed Service & Repairs Form to capture the key details.

5

If you haven't completed section D 'Quotation Required', then we'll continue through to the repair and test stage and despatch your device(s) back.

6

If you have completed section D 'Quotation Required', then we'll produce a quote and email this to the chosen email address you've stated in section B for approval.

## Servicing, repairs, calibration, sharpening and more!

Want to enquire about the other equipment aftercare support services we provide?  
Browse our website at [burtonsveterinary.com](http://burtonsveterinary.com), or call one of the team:

TALK DIRECTLY TO ONE OF OUR SERVICE TEAM



01622 834350

Monitors | Infusion Devices | Dental Equipment | Clipper Repair | Patient Ventilators  
Instrument Sharpening | Microscopes | Ultrasonic Baths | Scales | Suction Units  
Centrifuges | Diagnostic Sets | Electrosurgery Units | Endoscopy | Anaesthetic Circuits

Please complete and return this form enclosed with the equipment and any associated accessories. Please ensure you package your equipment suitably and securely for safe transportation, we cannot accept responsibility for any equipment which is lost or damaged in transit.

A

Practice Details

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

B

Principal Contact Details

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

C

Equipment Details

For infusion devices, please state which giving set you require your device calibrated to and include samples.

\*Service Type: Repair, Service, Calibration, Sharpening

Equipment Description	Accessories	Serial No:	Service Type*	Reported Fault

D

Quotation Required ☐

Please tick this box if you require a quotation before any requested work moves to 'repair in progress' stage. Requiring a quotation may delay the final completion of work undertaken. Therefore, we ask that section B is completed with the contact details of the person within your organisation who has authority to approve.