

PACKING SLIP – (2008) REQUEST FOR R.G.A. #
 FOR REPAIRS OF DIENER / TUTHILL / MICROPUMP / FRESENIUS GEAR PUMPS & PROMINENT BI-CARB PUMPS
 IN BAXTER, COBE, FRESENIUS AND ALTHIN HEMODIALYSIS MACHINES

FREE FAX 1-800-755-0208

FREE PHONE 1-800-335-6832

To return pumps for refurbishing, please complete this form fully and include it with your shipment. Upon receipt of your pumps Flo-Tec will assign your R.G.A. number and fax it back to you.

If your company requires an R.G.A. # before shipping, please fax this form to us at the above fax number.

For the return of more than six pumps, please use additional forms.

Current price to refurbish pumps: \$189 - Tuthill (**Baxter**), \$212 - **Fresenius** gear pumps, \$228 - **Cobe** gear pumps, \$229 for Micropumps (**Baxter**), and \$222 for Diener (**Althin**) gear pumps.

Return 3 or more pumps to be refurbished & receive a 10% discount off the above per pump price.

PACKAGE PUMPS CAREFULLY:

We suggest you use a Flo-Tec custom mailer box. If not available, wrap pumps individually in bubble wrap or other protective wrap. Take care to protect magnet cups (Tuthill, Fresenius, Diener, Micropump) on gear pumps and valves (Bi-Carb pumps). Fill box tightly with packaging material to protect pumps in shipping.

SHIP TO:



**C/O REPAIRS DEPT.
 2151 34TH WAY NORTH
 LARGO, FL 33771**

E-Mail: info@dialysispumps.com - Web Site: www.dialysispumps.com

YOUR BILLING ADDRESS:

YOUR SHIPPING ADDRESS:

YOUR CUSTOMER NUMBER: _____

DATE: ___/___/___ **YOUR P.O.#** _____ **YOUR NAME:** _____

YOUR PHONE #: (____) _____ - _____ **YOUR FAX #:** (____) _____ - _____

SHIP BACK TO YOU: **NEXT DAY:** **2ND DAY:** **3RD DAY:** **U.P.S. GROUND:**

QUANTITY OF PUMPS BEING SENT: _____ **DIALYSATE FLOW RATE (BI-CARBS):** _____

SPECIAL INSTRUCTIONS: _____

Indicate below the pump **MODEL & SERIAL NUMBER**, for each pump being returned.

MODEL: _____ S/N: _____	MODEL: _____ S/N: _____	MODEL: _____ S/N: _____
MODEL: _____ S/N: _____	MODEL: _____ S/N: _____	MODEL: _____ S/N: _____

MAKE EXTRA COPIES OF THIS BLANK FORM FOR YOUR FUTURE USE.

R.G.A.# _____

“ASK ABOUT OUR CORE CREDIT BUY-BACK PROGRAM!”