



AMI Medical Imaging  
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### CR CASSETTE REPAIR ORDER FORM

CUSTOMER : \_\_\_\_\_

CONTACT: \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

PURCHASE ORDER \_\_\_\_\_

Manufacture Type	Size	IP Plate Included Yes or No	Artifact Yes or No	Cassette Problem Description