

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, River
Farm Business Park, Chart Hill Road,
Staplehurst, Kent. TN12 0RW

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, or call one of the team:

TALK DIRECTLY TO ONE OF OUR SERVICE TEAM



+44 (0)1622 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 | Lighting | Concentrators

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.