



Focus Ophthalmics, LLC

DBA Epsilon USA

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Repair Form	
Date:	
Purchase Order:	
Requested by:	
Phone #:	
RMA #:	

Please use this form, which includes all the information requested below. Protect the instrument(s) with appropriate tip guard(s), then bubble wrap and package instrument(s) in a sturdy box. All returns should be sent via traceable shipping method.

Biling Information
Facility Name:
Street Address:
City, State, Zip:

Shipping Informtion
Facility Name:
Street Address:
City, State, Zip:

Instrument Information			
Description:	Damage / Problem:	Product #:	Qty:

Total # of Items Sent

Call with repair quote?
Replace if beyond economical repair?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Special Instructions: