Medical
Imaging
Resourcing

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CR CASSETTE REPAIR ORDER FORM

CUSTOMER:_____

PURCHASE ORDER #_____**CONTACT:**_____
BILLING
ADDRESS:_____

SHIPPING
ADDRESS:_____

EMAIL ADDRESS:_____

PHONE:_____**FAX:**_____

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

First Source Inc
"Your Medical Imaging Resource"