



**NuTech Inc.**

1301 Clinic Drive/Tyler, Texas 75701  
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## Request for Repair or Calibration

Facility Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Instrument Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

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Service Requested: \_\_\_\_\_

If requesting Repair, please describe the nature of the malfunction: \_\_\_\_\_

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