

## VOROTEK REPAIR RETURN FORM

NAME / BUSINESS	
RETURN ADDRESS	
PHONE / MOBILE	
EMAIL	
WHAT IS THE ISSUE WITH YOUR VOROTEK EQUIPMENT?	
<p>PLEASE SEND EQUIPMENT IN A WELL PACKAGED BOX TO</p> <p><b>JR MEDICAL</b> <b>129 MOFFAT ROAD, BETHLEHEM,</b> <b>TAURANGA 3110</b></p>	

# VOROTEK

experience. knowledge. performance