

联系人&经销商名称 Name of dealer

联系人&使用者名称 User Name

联系电话/手机号码 Tel/ Mobile Number

联系地址 Address

Repair Request 维修申请

产品名称 Product name : _____

发票（收据）编号 Invoice No. : _____

产品型号 Product nr.(Cat.-No.): _____

(仅限博朗产品维修需要 only use for Bolang product)

附件 Accessories: _____

受损部位 Damage Part:

具体问题 Problem:

目镜 Ocular

变焦镜头 Lens system

显示 Display

眼罩 eye cap

CCD sensor

线缆 cable

按钮开关 Push button

器械通道 Instrument channel

镜管 optik tube

导光束 Image bundle

主板 Main board

灯泡 Lamp bulb

器械 Instrument

黑屏 black screen

报警信号 warning signal

接触不良/松动 loose contact

线缆损坏 cut/broken cable

短路 short circuit

滑动不畅 hard to move

光线损坏 broken fibers

无效 no function

亮度不足 insufficient light output

激光损坏 damaged by laser

破裂 cracked

泄露 leaking

损坏 broken

磨损 burred

受潮 to grow damp

肮脏 dirty

堵塞 clogged

破碎 crushed

凹/压痕 dented

请详细描述问题 Please describe the problem precisely: _____

希望 Request to : 维修 repair
 购买新品型号 replace with new product item no

如果可以，请您将产品损坏部位拍照发给我们以便我们进行问题判断。如果是博朗公司产品，请您将购买单据一并扫描发给我们。谢谢您的合作！ If it would be possible, please send us the picture of damage part, which is better for us to estimate the exactly problem. If the product from Bolang, please send us invoice together. Thank you for your cooperation !

我方保证在寄回贵公司前**已对产品进行彻底消毒和灭菌**，维修后的产品或经维修更换得到的产品仍将返还上述联系地址。 We guarantee that the instruments are **completely disinfected and sterilized before we send it to you** and the repaired device or exchanged device will be returned to the same address as stated above.

签名，地点及日期（加盖公章） Signature, place and date of issue (stamp)