

Date _____

HANDPIECE WORK ORDER

DR'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CUSTOMER EMAIL: _____

TELEPHONE: _____ FAX: _____

CONTACT PERSON: _____

PAYMENT METHOD: (CIRCLE) *MASTERCARD* *VISA* *AMERICAN EXPRESS* *DISCOVER*

CARD #: _____ EXP. DATE: _____

For free DHL in-office pick-up, you must use pre-printed DHL airbills supplied by Handpiece Solutions, Inc. If you do not have any pre-printed DHL airbills, please call 1-888-488-3885. **Please sterilize all equipment before sending for service.** All warranty claims must be accompanied by a copy of the original invoice. Thank you for using Handpiece Solutions, Inc. We greatly appreciate your business!

HANDPIECE MAKE	SERIAL NUMBER	REPAIR AS NEEDED	ESTIMATE	WARRANTY
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INSTRUCTIONS OR COMMENTS: _____

- PLEASE SEND MAILING BOXES
- PLEASE SEND WORK ORDER SLIPS
- PLEASE SEND MK-dent PREMIUM HANDPIECE SYNTHETIC LUBRICANT 500 ML (\$29.00)



The Smart Alternative for your Handpiece Repair
www.handpiecesolutions.com

6785 South Eastern Ave. #11
 Las Vegas, NV 89119 USA

(702) 388-1888
 Toll Free (888) 488-3885
 Fax (702) 248-2128

(Please retain yellow copy for your records)