## The Dental Handpiece Repair Guy SERVICE REQUEST FORM

repair@thedentalhandpiecerepairguy.com

820 S. Friendswood Drive, Ste.101 Friendswood, TX 77546 phone: (281) 482-9040

toll free: (800) 569-5245

## THANK YOU for choosing **The Dental Handpiece Repair Guy!** We appreciate your business!

Handpiece Make	Seriai Niimber		Problem counter	ed	Repair As Req.	Estimate Required	Warranty	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
COMMENTS:								
Dr's Name:			Contact Name:					
Company:			Telephone:					
Address:				Fax:				
City:				Zip:				
Email:				Web Address:				
PAYMENT:	MC VISA	DISCOVER	AME	X COD	CHECK	CASH		
CARD #:				EXP. DATE :				
Billing Address :				CVV:				
City:		Zip		Name on Card :				
SERVICE REQUEST INSTRUCTIONS  1. Sterilize all handpieces to be serviced. Leave each handpiece in its sterilization bag. 2. Complete the SERVICE REQUEST form noting each serial number and problems encountered. Keep a copy for your records. 3. Please provide a copy of the original invoice for any warranty claims. 4. Call (281) 482-9040 or toll-free @ (800) 569-5245 for a FREE pick up locally OR 5. Place handpiece and completed service requested form in a shipping box. Seal box/envelope with tape. 6. Place enclosed pre-paid mailing label on box. NOTE: Insure your package at the post office if insurance is desired. The Dental Handpiece Repair Guy is not responsible for lost shipments.  Check this box to have your return shipment insured for an additional charge.								
The Dental Handpiece Repair Guy OFFICE USE ONLY								
DATE RECI	EVED ESTIMA	TE CALLED		APPROVED BY		DATE SHI	PPED	