

SERVICE ORDER FORM

Please include this form when sending your handpiece for repair.

CUSTOMER NO.	PURCHASE NO.
NAME _____	
CLINIC _____	
ADDRESS _____ _____	
PHONE _____	FAX _____
EMAIL _____	

ESTIMATE REQUIRED yes no

Estimate only provided for any service charge above \$150

REPAIR

WARRANTY (ATTACH PROOF)

PROMOTION CODE <input data-bbox="294 1216 581 1263" type="text"/>	
ITEM _____	SERIAL NO. _____
ITEM _____	SERIAL NO. _____
ITEM _____	SERIAL NO. _____
COMMENTS _____ _____ _____ _____	
AUTHORIZATION SIGNATURE _____	
REQUESTED BY _____	DATE _____

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