

Date _____

HANDPIECE WORK ORDER

DR'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CUSTOMER EMAIL: _____

PHONE: _____ FAX: _____

CONTACT PERSON: _____

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

CARD #: _____ EXP. DATE: _____

For free in-office pick-up, you must use pre-printed USPS, UPS, or FedEx airbills supplied by Handpiece Solutions, Inc. If you do not have any pre-printed 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 (\$32.00)



Shop online @ www.handpiecesolutions.com

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