



PO Box 6111
 FRENCHS FOREST NSW 2086
 Courier Only: Unit 6, 20 West Street
 BROOKVALE NSW 2100

Phone: (02) 9939 9704 Fax: (02) 9939 9711
OFFICE HOURS: 8:30am – 4:00pm

First Dental's NEW lab dept.

LAB Repair Request:

| |
|------------------------|
| <u>Office Use Only</u> |
|------------------------|

Company Name _____
 Postal Address (for return) _____

 _____ Postcode _____
 Phone () _____ Fax () _____

Items to be repaired: IMPORTANT – Must be completed

| | | |
|---|-------|------------|
| Type of item: <input type="checkbox"/> HP <input type="checkbox"/> Control Box <input type="checkbox"/> Other - | | |
| Brand | Model | Serial No. |
| | | |
| Describe problem: | | |
| | | |

| | | |
|---|-------|------------|
| Type of item: <input type="checkbox"/> HP <input type="checkbox"/> Control Box <input type="checkbox"/> Other - | | |
| Brand | Model | Serial No. |
| | | |
| Describe problem: | | |
| | | |

| | | |
|---|-------|------------|
| Type of item: <input type="checkbox"/> HP <input type="checkbox"/> Control Box <input type="checkbox"/> Other - | | |
| Brand | Model | Serial No. |
| | | |
| Describe problem: | | |
| | | |

Service Requested

| | | |
|---|--------------|------------|
| Is a quote Required? <input type="checkbox"/> Yes <input type="checkbox"/> No (\$35 fee for rejected quote) | | |
| Is this a warranty repair? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Supplier | Invoice date | Invoice No |
| | | |

Please note: Pre-payment for total invoice amount is required before h/p is returned.
 Credit Card: VISA – MASTERCARD, Cheque or EFT (call for details)

CARD No. ____ / ____ / ____ / ____ Expiry ____ / ____