



FIRST DENTAL

"We know the Drill"

Tel: 1800 086 430
Fax: (02) 9939 9711

Only one STERILE handpiece per form please.

Dr's Name _____ Date ___ / ___ / ___

Practice Name _____

Postal Address (for return) _____

_____ Postcode _____

Phone () _____ Fax () _____

IMPORTANT – MUST BE COMPLETED

Brand _____ Model No _____

Serial No _____ (if possible)

Please describe Problem: _____

***Estimate required** Yes / No

ESTIMATES – An estimate will be given upon request, based upon previous experience, cost may change when actually repairs are carried out. Estimates & quotes may take an extra day.

* Rejection fee applies

Send Handpiece with above form and post to:

**FIRST DENTAL
PO BOX 6111
FRENCHS FOREST DC NSW 2086
SYDNEY, AUSTRALIA**