



FIRST DENTAL REPAIRS DEPARTMENT
 PO BOX 6111
 FRENCHS FOREST NSW 2086
 P: (02) 9984 0244 F: (02) 9984 0255
 info@firstdental.com.au

HANDPIECE REPAIR FORM: IMPORTANT MUST FILL OUT

Once your handpieces have been autoclaved fill in this repair form & send with repair

Doctor:
Contact name:
 P: _____ F: _____
 E: _____

RETURN ADDRESS FOR REPAIRS:

<u>HANDPIECE 1.</u>	<u>PROBLEMS - PLEASE DESCRIBE.</u>
BRAND _____	_____
MODEL _____	_____
SERIAL NO. _____	_____
_____	_____

<u>HANDPIECE 2.</u>	<u>PROBLEMS - PLEASE DESCRIBE.</u>
BRAND _____	_____
MODEL _____	_____
SERIAL NO. _____	_____
_____	_____

<u>HANDPIECE 3.</u>	<u>PROBLEMS - PLEASE DESCRIBE.</u>
BRAND _____	_____
MODEL _____	_____
SERIAL NO. _____	_____
_____	_____

SERVICE REQUESTED:

Please repair & charge my credit card before return
 Please repair & return ASAP.
 Please estimate (rejection fees apply)

Email: _____
 Fax: _____
 Phone: _____

CREDIT CARD DETAILS:

Please keep my credit card securely on file
 VISA or MASTERCARD ONLY

____ / ____ / ____ / ____

____ / ____

SIGNED: _____

OFFICE USE ONLY:	REPAIR NOTES:
1	
2	
3	