



PO BOX 6111
FRENCHS FOREST NSW 2086
Courier: call for details

Phone: (02) 9984 0244 Fax: (02) 9984 0255
OFFICE HOURS: 9am – 4:30pm

First Dental's NEW lab dept.

LAB Repair Request:

Office Use Only

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:		

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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 ____ / ____