



FIRST DENTAL

"We know the Drill"

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

LAB Repair Request: KAVO & NSK handpieces ONLY

Company Name _____
 Postal Address (for return) _____
 _____ Postcode _____
 Phone () _____ Fax () _____

Items to be repaired: IMPORTANT – Must be completed

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 (please fill in below, we will contact supplier)		
Supplier	Invoice date	Invoice No

Send Handpiece with above form and post to:

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

OR

Courier **Only**: please state office hrs to courier 8.30-4pm Monday to Friday

FIRST DENTAL
Unit 6, 20 West Street
BROOKVALE NSW 2100