

## FIRST DENTAL REPAIRS DEPARTMENT

PO BOX 5143 WHEELER HEIGHTS NSW 2097 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

	DETLINAL ADDRESS FOR DEDAINS
Company:	RETURN ADDRESS FOR REPAIRS:
Contact name:	
P: M:	
E:	
DATE:	
HANDPIECE 1.	PROBLEMS - PLEASE DESCRIBE.
BRAND	TROBLEMO TELNOL BESCHIBE.
MODEL	
SERIAL NO.	
HANDPIECE 2.	PROBLEMS - PLEASE DESCRIBE.
BRAND	
MODEL	
SERIAL NO.	
SERIAL NO.	
HANDDIEGE 2	DD ODI FMC DI FACE DECCDIDE
HANDPIECE 3.	PROBLEMS - PLEASE DESCRIBE.
BRAND	
MODEL	
SERIAL NO.	
CED HOE DECLIFETED	COSDIT CARD DETAILS
SERVICE REQUESTED:	CREDIT CARD DETAILS:
	Please keep my credit card securely on file
Please repair & charge my credit card before return	VISA or MASTERCARD ONLY
O Please repair & return ASAP.	
Please estimate	///
Email:	
Fax:	/_
Phone:	SIGNED:
Thoric.	SIGNED.
OFFICE LICE ONLY.	DEDAID NOTES.
OFFICE USE ONLY:	REPAIR NOTES:
1	
2	
3	