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

Company :
Contact name:
P: M:
E:
DATE:

RETURN ADDRESS FOR REPAIRS:

HANDPIECE 1.	PROBLEMS - PLEASE DESCRIBE.
BRAND	
MODEL	
SERIAL NO.	

HANDPIECE 2.	PROBLEMS - PLEASE DESCRIBE.
BRAND	
MODEL	
SERIAL NO.	

HANDPIECE 3.	PROBLEMS - PLEASE DESCRIBE.
BRAND	
MODEL	
SERIAL NO.	

SERVICE REQUESTED:

◯ Please repair & charge my credit card before return
◯ Please repair & return ASAP.
◯ Please estimate
Email:
Fax:
Phone:

CREDIT CARD DETAILS:

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

__ __ __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __

___ / ___

SIGNED:

OFFICE USE ONLY:
1
2
3

REPAIR NOTES: