



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

Please note all repairs are pre-paid in full before return.

Company:
Contact name:
 P:
 E:
 DATE:

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 Estimate

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	