

Handpiece Repair Order

Handpiece Repair Order

Date _____

Date _____

Dr's Name _____

Dr's Name _____

Address _____

Address _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Phone _____

Phone _____

Your Name _____

Your Name _____

Do You Want An Estimate First? Yes _____ NO _____

Do You Want An Estimate First? YES _____ NO _____

**For Repairs, Please List the serial #'s of All handpieces
and a brief description of the problem**

**For Repairs, Please List the Serial #'s of All handpieces
and a brief description of the problem.**

Keep 1 copy for your records, ship the white copy to us.

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Handpiece Repair 4u, LLC

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855-349-7669 Or 928-854-6853

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