

# Handpiece Repair Order

# Handpiece Repair Order

Date \_\_\_\_\_

Date \_\_\_\_\_

Dr's Name \_\_\_\_\_

Dr's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

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.

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

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**Handpiece Repair 4u, LLC**

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[www.handpiecerepair4u.com](http://www.handpiecerepair4u.com)

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**855-349-7669 Or 928-854-6853**

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