

Handpiece Service Request

Type directly onto this fillable PDF and print or alternatively print and fill in by hand

√ Fast turnaround time		√ Warranty on Repairs				
✓ All Major Brands		✓ Obligation Free Quote				
	v	Free Postage (Re	equest mail	er online or	call 1300	942 239)
PRACTICE NAME:						
CONTACT NAME:						
EMAIL:		PHONE:				
RETURN ADDRESS:						
SUBURB:		STATE:		POSTCODE:		
MAKE	MODEL	SERIAL NUMBER	REPAIR	REPAIR IF UNDER \$300	QUOTE	WARRANTY
FAULT:						
MAKE	MODEL	SERIAL NUMBER	REPAIR	REPAIR IF UNDER \$300	QUOTE	WARRANTY
FAULT:						
MAKE	MODEL	SERIAL NUMBER	REPAIR	REPAIR IF UNDER \$300	QUOTE	WARRANTY
FAULT:						
MAKE	MODEL	SERIAL NUMBER	REPAIR	REPAIR IF UNDER \$300	QUOTE	WARRANTY
FAULT:						
STERILIZATION DECLARATION						
The submission of this f		the contact person list ab s request have been steril		es that the ha	ndpieces (associated
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Read & Approved

- Include this completed form with your hand pieces in the packaging
- If a repair quotation is not accepted the item may be returned disassembled

