



DOCTOR OR OFFICE

DATE

STREET

CITY

STATE

ZIP

PHONE

PERSON TO CONTACT

- ☐ Do the necessary repairs. No estimate needed
- ☐ Estimate only if the cost exceeds \$\_\_\_\_\_ per handpiece
- ☐ Email Estimate to \_\_\_\_\_

Synthetic Spray Lubricant

- ☐ 1 Can (500ml)
- ☐ 1 Case of 6

**We are pleased to announce a new, faster, safer way to pay!**

When your handpieces are on their way back to your office, you will receive an electronic invoice. Simply choose your preferred payment option and enter your information. As always, we will happily accept business checks by mail.

HANDPIECE(S)

SERIAL NO.

PROBLEM