

HANDPIECE WORK ORDER

DR'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

CONTACT PERSON: _____

PAYMENT METHOD: (CIRCLE) *MASTERCARD* *VISA*

CARD #: _____ EXP. DATE: _____

SECURITY CODE (3 digit code on back of card, upper left side of signature box): _____

For free USPS shipment, you must use pre-printed USPS Return Shipment Label supplied by Handpiece-Turbines.com and give package to your USPS Letter Carrier or place in a USPS Mail Box. If you do not have any pre-printed USPS Return Shipment Labels, please call 631-675-6961. Please sterilize all equipment before sending for service. All warranty claims must be accompanied by a copy of the original invoice. Thank you for using Handpiece-Turbines.com. *We appreciate your business!*

HANDPIECE MAKE	SERIAL NUMBER	REPAIR AS NEEDED	ESTIMATE	WARRANTY
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INSTRUCTIONS OR COMMENTS: _____

IN OFFICE USE ONLY

Emp: _____ Approved by: _____ Date: _____

Handpiece-Turbines.com



high quality dental handpiece turbines for less

200 13th Ave., #16B3, Ronkonkoma, New York 11779 • Telephone: (631) 675-6961

(PLEASE PHOTOCOPY AND RETAIN COPY FOR YOUR RECORDS)