

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 on repairs, 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)

1. Please print this page.
2. Please cut sheet in half on dotted line to separate Handpiece Work Order from Prepaid Mailing Label and Instructions.
3. Please fill out Handpiece Work Order completely and be sure you include office telephone number.
4. Put your repair in a bubble mailer or box along with the Handpiece Work Order. Do not use Express or Priority Mail packaging!
5. Please cut out the Prepaid Mailing Label on the dotted line and attach it to the top of the box or bubble mailer.
6. Place mailing box or bubble mailer in U.S. Post Office Box or give to your letter carrier.

This label is only valid for air-driven highspeed and slowspeed handpieces.

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES	
	BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO. 14 RONKONKOMA, NY
FROM DR. _____ _____ _____	POSTAGE WILL BE PAID BY ADDRESSEE WWW.HANDPIECE-TURBINES.COM SUITE 16B3 200 13TH AVENUE RONKONKOMA NY 11779-9912