

## HANDPIECE REPAIR FORM

6994

Customer: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Estimate Required:  Yes  No

*HMC will automatically repair handpiece(s) if estimate is NOT requested.*

ITEM 1: Description \_\_\_\_\_

Serial #: \_\_\_\_\_

Problem: \_\_\_\_\_

Complete overhaul  Repair as needed  Warranty repair

ITEM 2: Description \_\_\_\_\_

Serial #: \_\_\_\_\_

Problem: \_\_\_\_\_

Complete overhaul  Repair as needed  Warranty repair

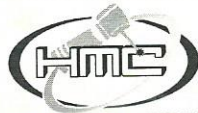
ITEM 3: Description \_\_\_\_\_

Serial #: \_\_\_\_\_

Problem: \_\_\_\_\_

Complete overhaul  Repair as needed  Warranty repair

**PLEASE NOTE:** If you sending in a WARRANTY REPAIR please enclose a copy of original invoice. Processing is delayed if warranty cannot be validated or substantiated.



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