

Please check and clean the enclosed handpiece(s) *totally without charge*.

Make _____	Model/Description _____	Serial No. _____
Fault (if any) _____	Autoclaved <input type="checkbox"/> Yes	
Make _____	Model/Description _____	Serial No. _____
Fault (if any) _____	Autoclaved <input type="checkbox"/> Yes	
Make _____	Model/Description _____	Serial No. _____
Fault (if any) _____	Autoclaved <input type="checkbox"/> Yes	
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Fault (if any) _____	Autoclaved <input type="checkbox"/> Yes	
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Make _____	Model/Description _____	Serial No. _____
Fault (if any) _____	Autoclaved <input type="checkbox"/> Yes	

The handpieces are to be returned by \_\_\_\_/\_\_\_\_/\_\_\_\_ Client Order No. \_\_\_\_\_

Practice Name: \_\_\_\_\_

Return address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact No s during my vacation (1) \_\_\_\_\_ (2) \_\_\_\_\_

If it is needed please overhaul my handpiece  Please check with me before starting repairs

Please charge:  My Account  Visa  MasterCard  
□□□□ □□□□ □□□□ □□□□

Name on Card \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_