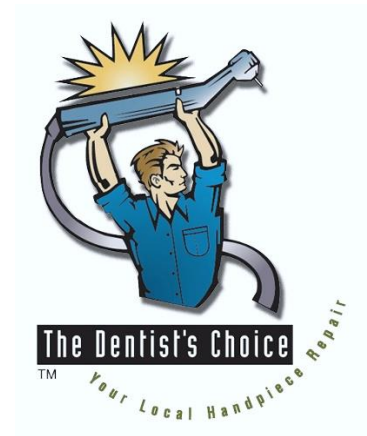


The Dentist's Choice

136 Oldham Way
Lexington, SC 29073
803-977-9661
TheDentistsChoiceSC@gmail.com
www.TheDentistsChoiceSC.repair



WORK ORDER

Practice/Dentist: _____

Date: _____

Contact Person: _____

Phone #: _____

Handpiece Model: _____ Serial #: _____

Problem/complaint: _____

Handpiece Model: _____ Serial #: _____

Problem/complaint: _____

Handpiece Model: _____ Serial #: _____

Problem/complaint: _____

Handpiece Model: _____ Serial #: _____

Problem/complaint: _____

Please check one:

- Proceed with repair. Email estimate to _____

Notes: _____

Service Request Instructions:

1. Sterilize all handpieces to be serviced. Leave each handpiece in its sterilization bag.
 2. Complete the Work Order, noting each serial number and any problems encountered. Keep a copy for your records.
 3. Call 803-977-9661 for free local pick-up OR place handpiece and completed work order in shipping box. Seal box/envelope with tape.
 4. Place pre-paid mailing label on box. A shipping label is included with each repair for the next use or you can print one from our website: www.TheDentistsChoiceSC.repair Give box to your local USPS mail carrier. **NOTE: Insure your package at the Post Office if insurance is desired. The Dentist's Choice SC is not responsible for lost shipments.**
- Check this box to have your return shipment insured for an additional charge.