

RELIABLE HANDPIECE SOLUTIONS

HANDPIECE REPAIR FORM

1019 FORT SALONGA RD, SUITE 10-120
FORT SALONGA, NY 11768
tel: (631) 343-6640

We appreciate your business!

Handpiece Make	Serial Number	Problem Encountered	Repair As Req.	Estimate Required	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"/>

COMMENTS:

Dr's Name:	Contact Name:
Company:	Telephone:
Address:	Fax:
City:	Zip:
Email:	Web Address:

PAYMENT:	MC	VISA	DISCOVER	AMEX	COD	CHECK	CASH
CARD # :				EXP. DATE :			
Billing Address :				CVV :			
City :		Zip		Name on Card :			

SERVICE REQUEST INSTRUCTIONS

1. Sterilize all handpieces to be serviced. Leave each handpiece in its sterilization bag. Complete the SERVICE REQUEST form noting each serial
2. number and problems encountered. Keep a copy for your records. Please provide a copy of the original invoice for any warranty claims.
3. Call (631) 343-6640 or Fill Out Online form for a FREE Mailer Box Kit or Place handpiece in your own Box.
4. Seal box/envelope with tape. Place enclosed pre-paid mailing label on box. **NOTE: Insure your package at the post office if insurance is desired.**
5. Reliable Handpiece Solutions is not responsible for lost shipments.
6. Check this box to have your return shipment insured for an additional charge. ☐

Reliable Dental Repair Handpiece OFFICE USE ONLY			
DATE RECIEVED	ESTIMATE CALLED	APPROVED BY	DATE SHIPPED