The **Handpiece** Surgeon

SERVICE REQUEST FORM

www.HandpieceSurgeon.com

67 Murray Court, Redwood City, CA 94061-3826
phone: (650) 363-9115
toll free: (877) 363-9115

*THANK YOU for choosing The **Handpiece** Surgeon! We appreciate your business!*

Handpiece Make	Serial Number	Problem Encountered	Repair As Req.	Estimate Required	Warranty
1.			☐	☐	☐
2.			☐	☐	☐
3.			☐	☐	☐
4.			☐	☐	☐
5.			☐	☐	☐
6.			☐	☐	☐
7.			☐	☐	☐

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.
2. Complete the SERVICE REQUEST form noting each serial number and problems encountered. Keep a copy for your records.
3. Please provide a copy of the original invoice for any warranty claims.
4. Call (650) 363-9115 or toll-free @ (877) 363-9115 for a FREE pick up locally OR
5. Place handpiece and completed service requested form in a shipping box. Seal box/envelope with tape.
6. Place enclosed pre-paid mailing label on box. **NOTE: Insure your package at the post office if insurance is desired. The Handpiece Surgeon is not responsible for lost shipments.**

☐ **Check this box to have your return shipment insured for an additional charge.**

*The **Handpiece** Surgeon* OFFICE USE ONLY			
DATE RECIEVED	ESTIMATE CALLED	APPROVED BY	DATE SHIPPED

All logos displayed are the trademarked or copyright property of their respective owners.

"Curing your sick handpiece is our business!"
www.handpiecesurgeon.com