



DOCTOR DIRECT SALES, INC.

26985 Brighton Lane

Lake Forest, CA 92630

949.770.8393 • Fax: 949.770.2657 • www.dds dental.com

1-800-795-5118

Enter



Repair Form

PLEASE PRINT COMPLETE NAME AND ADDRESS

| | | | |
|-----------------|-----------------------|-----------------|---------------|
| Customer Name | | Telephone() | Date |
| Address | | City | State Zip |
| Customer P.O. # | Bill to Credit Card # | Expiration Date | Security Code |

HANDPIECES FOR REPAIR

| | | | | |
|---|------------------|-------|----------|--|
| 1 | HandPiece Make | Model | Serial # | <input type="checkbox"/> Lube Free |
| | Repair Requested | | | <input type="checkbox"/> Estimate <input type="checkbox"/> Warranty* <input type="checkbox"/> OK to Repair |
| 2 | HandPiece Make | Model | Serial # | <input type="checkbox"/> Lube Free |
| | Repair Requested | | | <input type="checkbox"/> Estimate <input type="checkbox"/> Warranty* <input type="checkbox"/> OK to Repair |
| 3 | HandPiece Make | Model | Serial # | <input type="checkbox"/> Lube Free |
| | Repair Requested | | | <input type="checkbox"/> Estimate <input type="checkbox"/> Warranty* <input type="checkbox"/> OK to Repair |
| 4 | HandPiece Make | Model | Serial # | <input type="checkbox"/> Lube Free |
| | Repair Requested | | | <input type="checkbox"/> Estimate <input type="checkbox"/> Warranty* <input type="checkbox"/> OK to Repair |
| 5 | HandPiece Make | Model | Serial # | <input type="checkbox"/> Lube Free |
| | Repair Requested | | | <input type="checkbox"/> Estimate <input type="checkbox"/> Warranty* <input type="checkbox"/> OK to Repair |

NOTE: Return white copy, save yellow copy for your records.

*Please attach a copy of original invoice when requesting warranty.

From:

Ship to:



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