



DOCTOR DIRECT SALES, INC.

2601 Little Bear CT

Fort Collins, CO 80525

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

1-800-795-5118



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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