

## Repairs Order Form

### Practice Details:

Practice Name:

Address:

Town:

Post Code:

Telephone Number:

Account Reference:

Associated Groups (if applicable):

### Equipment Details:

Equipment Make:	Equipment Model:	Serial Number:	Fault Description:
1:			
2:			
3:			
4:			
5:			

### Contact Preference:

Although our standard contact preference is through telephone.  
Please tick the box of your contact preference.

Email Quotation:

Telephone Quotation:

Text Quotation:

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### **Component Preference:**

Tick the box and sign below if you require original OEM Components.

OEM Components:

**Signature:**

**Date:**

### **Approved Quotation Limit:**

Your repairs will automatically go ahead if they're below the approved limit stated.

£

Per Handpiece

**Please Note: VAT and Delivery are not included.**

### **Decontamination Compliance:**

I certify that all items enclosed have been sterilised by an autoclave.

**Signature:**

**Date:**

**Print:**

**Please Note:** It is illegal to send contaminated items via the postal service.

#### **IMPORTANT:**

**Please Note:** Postage to us is at your own risk! Please arrange insurance.

1. Ensure this form is completed correctly to reduce risk of equipment being lost.
2. We recommend adding a signed tracked service to all packages sent to us.
3. By signing this form you adhere to any refused quotes will result in handpiece being returned and dismantled as per manufacturer guidelines.



**SCAN ME**  
TO BOOK IN  
ONLINE!