

Repairs Order Form

Practice Details:

Practice Name:

Address:

Town:

Post Code:

Telephone Number:

Account Reference (if applicable):

Associated Corporate 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 and fill the box below.

Email Quotation:

Telephone Quotation:

Text Quotation:

Preference details:



Repairs Order Form

Approved Quotation Limit:

Set your approved limit and your repairs will go ahead automatically.

£

Per Handpiece

Please Note: VAT and Delivery are not included.

Component Preference:

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

OEM Components:

Signature:

Date:

Is this a Warranty claim?

If yes, please include a copy of your original invoice with your repair.

YES:

NO:

For full Warranty information, refer to our T&C's on the MC Repairs website.

Decontamination Compliance:

I certify that all items enclosed have been decontaminated in accordance with the manufacturer's instructions. I understand that it is illegal to send contaminated items via postal or courier services.

Signature:

Date:

Print Name:

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.

