



EMC DENTAL HANDPIECE REPAIR
 807 POINTER RIDGE DRIVE
 GAITHERSBURG MD 20878
 301-337-8387 | repairs@emcdentalmd.com

SERVICE REQUEST FORM

DOCTOR _____ DATE _____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

PERSON TO CONTACT _____

- PLEASE FIX IT PLEASE CALL WITH ESTIMATE IF OVER \$100
 PLEASE FAX ESTIMATE TO _____

HANDPIECE MAKE	SERIAL NUMBER	PROBLEM
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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. Please make a copy for your records.
3. Please provide a copy of the original invoice for any warranty claims.
4. Call 301-337-8387 for a FREE pick up locally OR
5. Place handpiece and completed service requested form in shipping box. Seal with tape.
6. Use pre-paid mailing label or box. NOTE: Insure your package at the post office if insurance is desired. EMC Dental Handpiece Repairs is not responsible for lost shipments.

PAYMENT:	MC	VISA	COD	CHECK	CASH
CARD #:				Exp. Date :	CVV:
CC Statement Address:				City:	Zip :
Name on Card :				Signature:	

Thank you for your trust in our commitment to serve you.