

WORK ORDER NO.

Dr. Name: _____	
Practice Name: _____	
Address: _____ _____	
Name of contact: _____	
Email Address: _____	Postcode: _____
Preferred Telephone No: _____	Date: _____

DD

Units 1 & 2 Apollo Court,
Hallam Way,
Whitehills Business Park,
Blackpool FY 4 5FS
Tel: 01253 600090



Account No. _____

Handpiece(s) for repair

DD Premium: If only original manufacturer parts are to be used please tick here.

IMPORTANT: Please confirm all burs and sharps are wrapped.

1	Make _____
	Model _____
	Serial No. _____
	Fault description: _____ _____ _____ _____ _____
	<input type="checkbox"/> Estimate
	<input type="checkbox"/> Warranty Repair*

2	Make _____
	Model _____
	Serial No. _____
	Fault description: _____ _____ _____ _____ _____
	<input type="checkbox"/> Estimate
	<input type="checkbox"/> Warranty Repair*

3	Pre-accepted repair limit
	I confirm repair value options of up to:
	<input type="checkbox"/> £150 <input type="checkbox"/> £250 <input type="checkbox"/> £350
	Authorised by: _____
	Declaration: All items in this package were decontaminated and sterilised by autoclaving in accordance with current regulations.
	Signed: _____
	Position: _____
Date: _____	
Print Name: _____	
<small>Please note: It is illegal to send contaminated items via the postal service.</small>	

Please complete form and insert, together with the handpiece(s) to be repaired, into the mailing envelope and attach the pre-paid label. We recommend keeping a copy for your records. PLEASE NOTE: Postage paid on this envelope is standard First Class only. **Use of a registered or other insured service is strongly recommended.**

***IMPORTANT NOTE:** Please attach a copy of your original invoice when requesting a warranty repair.