The Dentist's Choice

Work Order

Call or **Text**
833-529-5553
contact@tdcsatx.com
www.tdcsatx.com

Date _____ Contact Name _____ Dentist Name _____

Telephone #_____ Email _____

	Handpiece/ Model	Serial #		Handpiece/ Model	Serial #
1:			5:		
2:			6:		
3:			7:		
4:			8:		

☐ Proceed with Repair ☐ Call with Estimate ☐ Email Estimate ☐ Email Invoice

Notes:

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PLEASE MAKE A COPY FOR YOUR RECORDS