



# The Dentist's Choice

210-505-7337  
TDCSATX@gmail.com

## REPAIR ORDER FORM

Date \_\_\_\_\_ Contact Name \_\_\_\_\_ Dentist's Name \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Handpiece \_\_\_\_\_ Serial # \_\_\_\_\_ Handpiece \_\_\_\_\_ Serial # \_\_\_\_\_

Handpiece \_\_\_\_\_ Serial # \_\_\_\_\_ Handpiece \_\_\_\_\_ Serial # \_\_\_\_\_

Handpiece \_\_\_\_\_ Serial # \_\_\_\_\_ Handpiece \_\_\_\_\_ Serial # \_\_\_\_\_

### Problem:

- Excess Vibration
- No Torque
- Bur Falls Out
- Excess Noise
- Other \_\_\_\_\_

**NEW Website**

**Discounts & Monthly Specials**

[www.TDCSATX.com](http://www.TDCSATX.com)

### Request:

- Proceed with Repair
- Call with Estimate
- Email Estimate
- Email Invoice

Notes: \_\_\_\_\_

\_\_\_\_\_

WHITE - Customer Copy

YELLOW - Lab Copy