



HANDPIECE REPAIR FORM

| HANDPIEC | E REPAIR FOR | M Follow these steps |
|-------------------------|--------------|--|
| | | to ensure your handpieces are |
| | A | |
| Contact: | | The sternize an nariapieces |
| Address: | | and leave inside the processed pouches to |
| | State: Zip: | avoid additional charges. |
| | | |
| | | |
| Signature: | | Contact customer service |
| HA | NDPIECE #1 | 2. Contact customer service at 410-257-2323 if you |
| Manufacturer: | Model: | |
| | | |
| Description of problem: | | 3. Choose a repair option: |
| | | NON-WARRANTY REPAIRS |
| | NDPIECE #2 | All turbine replacements will be house brand. |
| Manufacturer: | Model: | |
| Serial Number: | | WARRANTY REPAIRS Repair time is based upon the handpiece |
| Description of problem: | | manufacturers' turnaround. |
| | | ESTIMATE FIRST |
| | NDPIECE #3 | DES will email you an estimate prior to beginning any repairs. |
| Manufacturer: | Model: | This may delay repairs. Turnaround time is based upon |
| | | doctor's approval of quote. |
| Description of problem: | | There is a \$25 evaluation fee if repair is declined. |
| HA | NDPIECE #4 | |
| Manufacturer: | Model: | 4. Securely wrap and pack handpieces along with this |
| Serial Number: | | completed form (keep a |
| Description of problem: | | copy) in the provided shipping box. |
| НА | NDPIECE #5 | 5. Seal the box, securely |
| Manufacturer: | Model: | attach Call Tag and give to |
| Serial Number: | | UPS/USPS driver. |
| Description of problem: | | DENTAL EQUIPMENT SPECIALISTS IS NOT RESPONSIBLE FOR LOSTOR MISDIRECTED PACKAGES, ADDITIONAL |
| L | | SHIPPING CHARGES MAY APPLY IF CUSTOMER REFUSES REPAIR. |

Phone (410) 257-2323 - www.desdental.com