



The Dentist's Choice
18444 W. 10 Mile Road, Suite 104
Southfield, MI 48075

scott.thedentistschoice@gmail.com
734-293-7503

REPAIR ORDER FORM

PO#

Please sterilize your instruments prior to shipping. Fill out best as you can. For accurate service, please sort your instruments according to how you want them retipped.

Qty	Original Manufacturer Name	Instrument Name/Special Instruction	Sharpen Only (Please check mark)	Retip As Handle Name (Please check mark)	Trade In or NEW (Please check mark)

Please make our instrument blades as follows (Please circle): **Normal** **Thicker** **Thinner** **Longer** **Shorter**

Please circle the following. If you mark No we will return without work done.

If your instrument cannot be re-tipped, should we replace it with a new instrument at a reduced trade-in price?...**YES** or **NO**

If instrument will be replaced would you like the old instrument returned.....**YES** or **NO**

If unable to SHARPEN, should we RETIP the instruments?.....**YES** or **NO**

Customer Info (If your information has been recently changed, please contact us to update your account.)

Contact Person	Company Name
Ship to Address	Tel (Acct. No.)
	Fax
	E-mail

Payment Option

Cardholder's Name		Exp.
VISA / MC / Amex / Discover (Please Circle)	Number	Sec. Code
Cardholder's Name		