

SERVICE REQUESTED FORM

Please sterilize all handpieces prior to shipping. Call now for FREE, pre-paid shipping label to be sent to your Email



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FREE Estimates on ALL makes and models

<u>HANDPIECE MAKE</u>	<u>SERIAL#</u>	<u>PROBLEM ENCOUNTERED</u>	<u>ESTIMATE REQUIRED</u>
1. _____	_____	_____	YES / NO
2. _____	_____	_____	YES / NO
3. _____	_____	_____	YES / NO
4. _____	_____	_____	YES / NO
5. _____	_____	_____	YES / NO

COMMENTS:

DR'S NAME: _____

CONTACT NAME: _____

ADDRESS _____

TELEPHONE NUMBER: _____

E-MAIL: _____

PAYMENT: VISA MC AMEX DISCOVER

CARD#: _____ EXP. DATE: _____

Cadmus Repair IN OFFICE USE ONLY:

DATE RECEIVED _____ ESTIMATE CALLED _____ APPROVED BY _____

DATE SHIPPED _____