|  |  |
| --- | --- |
| **6895 west 2nd way Hialeah FL, 33014** | REPAIR & ORDER FORM |
| **Phone:+1-305-753-7464** Fax:+1-786-391-1832 **E-MAIL: dentalultrasonicinsert@gmail.com** | |

|  |  |
| --- | --- |
| DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAX:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |  |  |
| --- | --- | --- |
| INSERT REPAIR | 25K | 30K |

|  |  |  |  |
| --- | --- | --- | --- |
| INSERT TYPE | QUANTITY | INSERT TIPE | QUANTITY |
| **P-100 (Universal)** | \_\_\_\_\_\_\_\_\_\_ | **TIS (Titanium Implant)** | \_\_\_\_\_\_\_\_\_\_\_ |
| **P-50 (Universal)** | \_\_\_\_\_\_\_\_\_\_ | **TIS (Implant Tips)** | \_\_\_\_\_\_\_\_\_\_\_ |
| **P-100 Rigth** | \_\_\_\_\_\_\_\_\_\_ | **Prophy-Jet Nozzle** | \_\_\_\_\_\_\_\_\_\_\_ |
| **P-100 Left** | \_\_\_\_\_\_\_\_\_\_ | **Cavi-jet Nozzle** | \_\_\_\_\_\_\_\_\_\_\_ |
| **If 100 Universal** | \_\_\_\_\_\_\_\_\_\_ | **If 50 Universal** | \_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
|  |  |  |  |
| **Send us your old inserts and get them back like new**  **New Insert:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Unit Repair: Serial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Model:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Payment Method**  **Master Card \_\_\_\_\_ Visa \_\_\_\_\_ Discovery \_\_\_\_ Check \_\_\_\_**  **Card No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_ Sec #:\_\_\_\_\_\_**  **Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_** | | | |
|
|
|
|