|  |  |
| --- | --- |
| **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:\_\_\_\_\_\_** |
|
|
|
|