



450 State Road 13 North, Suite 106 PMB 251, Saint Johns FL, 32259
email:sales@thehandpiicedoctor.com

Phone: 1-904-679-5656

Service Request Form

Date: ____/____/____

PO# _____

Office Name: _____

Contact Name: _____

Address: _____ City: _____ State: ____ Zip code: _____

Phone: _____ Email: _____

Repair Information

<u>Make (Star, Kavo etc.)</u>	<u>Model (430, 640 etc)</u>	<u>Serial#</u>	<u>Fix</u>	<u>Estimate</u>	<u>Warranty</u>
1) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Problem: _____

<u>Make (Star, Kavo etc.)</u>	<u>Model (430, 640 etc)</u>	<u>Serial#</u>	<u>Fix</u>	<u>Estimate</u>	<u>Warranty</u>
2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Problem: _____

<u>Make (Star, Kavo etc.)</u>	<u>Model (430, 640 etc)</u>	<u>Serial#</u>	<u>Fix</u>	<u>Estimate</u>	<u>Warranty</u>
3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Problem: _____

<u>Make (Star, Kavo etc.)</u>	<u>Model (430, 640 etc)</u>	<u>Serial#</u>	<u>Fix</u>	<u>Estimate</u>	<u>Warranty</u>
4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Problem: _____

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Service Request Form (Continued)

<u>Make (Star, Kavo etc.)</u>	<u>Model (430, 640 etc)</u>	<u>Serial#</u>	<u>Fix</u>	<u>Estimate</u>	<u>Warranty</u>
5) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Problem:</i> _____					

<u>Make (Star, Kavo etc.)</u>	<u>Model (430, 640 etc)</u>	<u>Serial#</u>	<u>Fix</u>	<u>Estimate</u>	<u>Warranty</u>
6) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Problem:</i> _____					

<u>Make (Star, Kavo etc.)</u>	<u>Model (430, 640 etc)</u>	<u>Serial#</u>	<u>Fix</u>	<u>Estimate</u>	<u>Warranty</u>
7) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Problem:</i> _____					

<u>Make (Star, Kavo etc.)</u>	<u>Model (430, 640 etc)</u>	<u>Serial#</u>	<u>Fix</u>	<u>Estimate</u>	<u>Warranty</u>
8) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Problem:</i> _____					

<u>Make (Star, Kavo etc.)</u>	<u>Model (430, 640 etc)</u>	<u>Serial#</u>	<u>Fix</u>	<u>Estimate</u>	<u>Warranty</u>
9) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Problem:</i> _____					

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