

# PACIFIC DENTAL REPAIR

Your Handpiece & Equipment Repair Specialists

## Repair Order Form

DATE: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Contact: \_\_\_\_\_

Email Address(for estimates & billing) \_\_\_\_\_

**MAKE/MODEL**

**SERIAL#**

**ISSUE/NOTES**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

We always have FREE ESTIMATES & we contact you for billing BEFORE we do any repairs

971-230-4128

Email - pacificdentalrepair@gmail.com

P.O.Box 2614

Sandpoint, ID 83864

**CALL US FOR FREE SHIPPING LABELS!!!!**

**- FOR OUR WEEKLY SPECIALS WITH TIPS & TRICKS -**

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