



## Handpiece Repair – Client Form

**Client:**

**Address:**

**Phone:**

**Would you like a quote? (please circle)**

**Yes**

**No**

**Are any of these handpieces under warranty? (please circle)**

**Yes**

**No**

**Type:**

**Serial#**

**Fault (if known):**

**Type:**

**Serial#**

**Fault:**

**Type:**

**Serial#**

**Fault:**

**Type:**

**Serial#**

**Fault:**

**Any other comments:**

**PROFESSIONAL DENTAL  
EQUIPMENT SERVICES P/L**

**Unit 10, 1029 Manly Rd**

**Tingalpa QLD 4173**

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