



THE DENTIST'S CHOICE

P.O. Box 745 – Alma, GA 31510

(912) 850-2348

REPAIR WORK ORDER

Date: _____ Phone: _____

Dentist/Practice Name: _____

Contact: _____

E-Mail Address: _____

#1 Handpiece Model: _____

Serial Number _____

☐ Excessive Vibration ☐ No Torque ☐ Bur Falls/Slips Out

☐ Excess Noise ☐ Other _____

#2 Handpiece Model: _____

Serial Number _____

☐ Excessive Vibration ☐ No Torque ☐ Bur Falls/Slips Out

☐ Excess Noise ☐ Other _____

#3 Handpiece Model: _____

Serial Number _____

☐ Excessive Vibration ☐ No Torque ☐ Bur Falls/Slips Out

☐ Excess Noise ☐ Other _____

#4 Handpiece Model: _____

Serial Number _____

☐ Excessive Vibration ☐ No Torque ☐ Bur Falls/Slips Out

☐ Excess Noise ☐ Other _____



**Repair Items are automatically checked
to see if under Warranty. If they are,
repairs are done at no cost to you!**

☐ Proceed with repair (we will call you if repairs are
over normal costs) ☐ Call with estimate (Please keep in
mind, estimates delay repair time)

Keep Yellow Copy for your records/Enclose White Copy