www.dowelldentalproducts.com

Tel: 1-877.373.8904 Fax: 1-909-348-7816

CUSTOMER REQUEST FORM

PIEZO UNIT/COMPONENT REPAIR

RMA#

Date Requested: ____________________

TRACKING NO.

REQUIRED: RETURN PIEZO UNIT OR COMPONENT TO BE REPAIRED WITH THIS COMPLETED FORM.

SHIP TO:
REPAIRS/MAGPIE TECH CORP
RE: DOWELL DENTAL PRODUCTS
550 YORBITA ROAD LA PUENTE, CA 91744

EMAIL FORM TO:
carlos@dowelldentalproducts.com

CUSTOMER INFORMATION

Doctor/Company Name: ____________________ Contact Name: ____________________

Address: ____________________ Telephone: ____________________

City: ____________________ Email: ____________________

State: __________ Zip: __________ ____________________

Signature: ____________________ Date: ____________________

PRODUCT INFORMATION

PIEZO S/N: ____________________

HANDPIECE S/N: ____________________

LIST ALL ACCESSORIES INCLUDED IN SHIPMENT

- ☐ Round Foot Switch
- ☐ Combo Foot Switch
- ☐ Foot Switch Cable
- ☐ Hand Piece
- ☐ Hand Piece (LED)
- ☐ IV Tube (Disposable)
- ☐ IV Tube (Autoclave)
- ☐ OP1 Tip Wrench
- ☐ Pump Tubing
- ☐ IV Stand
- ☐ Tip Holder
- ☐ Cassette
- ☐ Briefcase
- ☐ Power Cord
- ☐ Other ____________________

Other Items

DETAILED DESCRIPTION OF PROBLEM

To prevent delay in processing, a copy of this form MUST be included in the shipping box.

Please ensure that all products are securely packaged and protected to prevent damage during shipment. All PiezoArt devices must be shipped in its ORIGINAL case; if not, we are NOT responsible for damage during shipment.

OFFICE USE ONLY

Sales Rep: ____________________ Received By: ____________________ Date: ____________________

NOTES