

CUSTOMER CONTACT INFORMATION

Date _____

Company _____ Contact person _____
 Address _____ City _____ Postal Code _____
 Phone _____ ext. _____ Email _____

DEVICE INFORMATION

Device type _____ Model _____ Serial # _____

Accessories accompanying the device (if applicable):

Adapter* ☐ Pedal ☐ Case ☐ Other _____

Handpiece with tip ☐ Without tip ☐ If with tip, specify _____

Handpiece serial # _____ Motor serial # _____

** Please send adapter with portable devices*

*** Please do not send power cord*

ISSUE DESCRIPTION

REPAIR ☐

MAINTENANCE ☐

Issue type

Charging ☐ Power cord ☐ Speed ☐ Handpiece ☐ Spray ☐ Drill rotation ☐ Casing ☐

Other :

Check if cost estimate is needed before repairs ☐

SHIPPING

In-store pickup ☐ Shipping (fees apply) ☐

RESERVED FOR TECHNICIAN

Time _____

Handpiece : Bearings replaced → front ☐ back ☐ lubed ☐

Locking system → cleaned ☐ replaced ☐ Inner spray tube → cleaned ☐ replaced ☐

Motor : Bearings replaced → front ☐ back ☐ lubed ☐ Internal carbon cleaning ☐

Motor cable → new ☐ used ☐ repaired ☐

Brushes replaced → new ☐ used ☐

Casing : Compressor replaced ☐ Inner spray valve → cleaned ☐ replaced ☐

Spray flow valve replaced ☐ Reset ☐ Hours _____

Other :