



The Dentist's Choice

11826 N. Cassiopeia Dr., Oro Valley, AZ 85737
 (800) 706-1906 WWW.TDCARIZONA.COM FAX (520) 575-5075

SHARPENING / RETIPPING REPAIR ORDER FORM

Complete entire form (your best penmanship please :-~) Include form with instruments or FAX

Qty	Manufacturer Name	Instrument Name	Description of Instrument to be Sharpened, Tips Requested or New Item	Desired - Service						Amount
				N - New R- Retip S - Sharpen T Trade-in			S	T	N	
				Retip:						
				As is	To Handle	Convert instruments				

Please make our instrument blades as follows:
 Please circle the following..... **Normal Thicker Thinner Longer Shorter**

If your instrument cannot be re-tipped, should we replace it with a new instrument at a reduced trade-in price?
 Please circle the following YES or NO If you mark No we will return without work done.
 If instrument will be replaced would you like the old instrument returned YES or NO
 If requesting SHARPENING, should we RETIP instruments we are unable sharpen? YES or NO

Subtotal NOT including shipping, replacement or service charges

PRICES DO NOT INCLUDE SHIPPING AND HANDLING CHARGES FOR YOUR ORDER.

Customer Info

PURCHASE ORDER # _____

Contact Person	Company Name
Ship to Address	Phone
	Fax
	E-mail
	Have you recently moved or changed your phone number? YES OR NO If so, please provide previous phone number used.

Payment Option

Credit Card	VISA MASTERCARD	Number	Expiration Date
	AMERICAN EXPRESS	Holder Name	Security Code
Authorized Signature			