



ADOC / Smallwood Dental Handpiece Repair Submission Form

Date: _____

Submitting Facility _____ Unit _____

Contact name: _____ Phone: _____ Ext: _____

Contact persons email address: _____

to receive repair estimate.

Please see our web site for Pre-Paid mailing label "tdcarizona.com"

Handpieces submitted

Serial number	Type*	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* H=Highspeed S=Slowspeed C=Contra head U=Ultrasonic scaler O=Other

Return shipments insured for \$100.

Mark box at left to insure for full retail value. Additional cost applies.

The Dentist's Choice 11826 N Cassiopeia Dr, Oro Valley, AZ 85737 800-706-1906