



American Dental Handpiece Repair, LLC

Date_____

(480) 245-5192

43442 W. Oster Dr. Maricopa, A 85138

HANDPIECE REPAIR REQUEST FORM

Office_____Contact_____

Address_____City_____State_____Zip_____

Phone_____

Handpiece Description	Serial No.	Problem Description
1.		
2.		
3.		
4.		
5.		

Please Sterilize Each Handpiece Before Shipping

"American Dental Handpiece Repair, LLC is not responsible for any items lost in transit to our office."

Cut line

Please fill out this form, and send it along
with your handpiece.

Thank You for your Business!