



16720 Bachmann Avenue, Hudson, FL 34667
 Toll Free: (877) 289-3368
 Phone : (727) 863-5500
 www.useddentalequipment.com

Handpiece Service Request Form

Free Repair Estimates

Hand-piece Model	Serial Number	Problem Encountered	Estimate Req./ Warranty

Dr. Name:
Contact Name:
Address:
City, State, Zip:
Email:
Phone Number:
Fax Number:

SERVICE REQUEST DIRECTIONS

Once your items have been received and evaluated, an estimate for repairs will be emailed. Payments must be received before any hand-pieces are repaired or shipped.

Sterilize all hand-pieces to be serviced. Leave hand-pieces in sterilization bag(s). Complete service request form, including serial numbers and problems encountered. Any warranty claims, please provide original invoice/number. Place all hand-pieces and completed service request form into a shipping box. Please be sure to pack and seal box securely with tape. **Dental Equipment Liquidators is not responsible for lost shipments. Be sure to insure your package, if insurance is desired.**

If you choose not to have repairs made, you will be responsible for the return shipping cost of your equipment. Please ship repairs to Dental Equipment Liq., Attn. Repairs: 16720 Bachmann Ave, Hudson, FL. 34667