

R-Tech Dental Handpiece Repair Form



R-Tech Dental
 Alicia Schwahn
 526 Wagner Ave
 Eau Claire, WI 54703
 alicia@rtechdental.com

Full Name: Email:

Address: Phone Number:

City: FAX Number:

State: Zip: Contact Person:

Payment Type: Credit Card #: Expiration Month/Year:

	Item Make:	Model:	Serial #:	Repair w/ Mfg. Specific Parts	Repair w/ Aftermarket Parts	Request Estimate	Under Warranty?
1)	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2)	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3)	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4)	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5)	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6)	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

All handpieces should be sent via USPS or UPS to:

R-Tech Dental
 Alicia Schwahn
 526 Wagner Ave
 Eau Claire, WI 54703

Additional Comments:

Submit by Email

Print Form

Please Print out two copies of this form:

- 1) For your records
- 2) For shipment with the repair package