



REPAIR ORDER FORM

6205 Big Bend Dr
Roseville CA 95678
916.771.7879

Doctors Office:

Contact Name:

ITEM 1 [] MIDWEST [] KAVO [] STAR [] LARES [] ADEC [] OTHER

Serial# _____ Problem _____

[] Estimate [] Repair as needed We will contact you if repair is above average

ITEM 2 [] MIDWEST [] KAVO [] STAR [] LARES [] ADEC [] OTHER

Serial# _____ Problem _____

[] Estimate [] Repair as needed We will contact you if repair is above average

ITEM 3 [] MIDWEST [] KAVO [] STAR [] LARES [] ADEC [] OTHER

Serial# _____ Problem _____

[] Estimate [] Repair as needed We will contact you if repair is above average

ITEM 4 [] MIDWEST [] KAVO [] STAR [] LARES [] ADEC [] OTHER

Serial# _____ Problem _____

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ITEM 5 [] MIDWEST [] KAVO [] STAR [] LARES [] ADEC [] OTHER

Serial# _____ Problem _____

[] Estimate [] Repair as needed We will contact you if repair is above average

Notes

Blank lines for notes

*Not Responsible for handpieces left in our possession for more than 6 months