



**The Dentist's Choice**  
 112 Crawford Circle, Golden, CO 80401  
 Customer Sharpening/Retipping Repair  
 Order Form

Qty	Instrument Name	Desired Service N-New R-Retip S-Sharpen	Description of Instrument to be Sharpened, Tips Requested or New Item	Form must be filled out for Service of your Instruments		
				Retip Instructions please specify tip		Do you need an Estimate? Yes or No
				No Re-tip	Retip To Handle	Convert Instrument to?

<p>If your instrument cannot be re-tipped, should we replace it with a new instrument at a reduced trade-in price?          Please circle the following: YES or NO          If you mark No we will return Instruments without any work done.          If the instrument is to be replaced, would you like the old instrument returned          YES or NO          If requesting SHARPENING, should we RETIP instruments we are unable to sharpen?          YES or NO</p> <p><b>SHIPPING AND HANDLING CHARGES WILL BE CHARGED FOR YOUR RETURN ORDER.</b></p>	<p><b>Sterilize your instruments.</b>          Failure to sterilize or sort instruments may prolong processing and/or sorting fees may apply. Remove finger grips on instrument handles. Instrument bands/rings are okay. Ensure all information on this form is correct. We are not liable for errors due to customer mistakes or omissions.</p>
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Customer Info	PURCHASE ORDER #
Customer Name:	Contact Person:
Customer Address / Ship to Address:	Phone –
	Email-

Contact Person for Questions on Service: Patty Fisher at The Dentist's Choice - 303-862-8869

**Please ship Instruments to:** **Power Dental Group**  
**2809 Barney Ct.**  
**McHenry, IL 60051**