

THE DENTIST'S CHOICE

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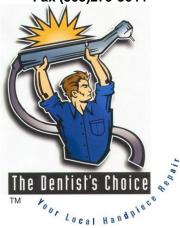
REPAIR WORK ORDER

Dentist or Practice Name:	
Address:	
City: St:	Zip:
Contact Name:	<u> </u>
#1 Handpiece Model	_Serial#:
☐ Excessive Vibration ☐ No Torque☐ Excess Noise ☐ Other	
#2 Handpiece Model	Serial#:
☐ Excessive Vibration ☐ No Torque	
#3 Handpiece Model	_Serial#:
☐ Excessive Vibration ☐ No Torque	e 🛘 Burr Falls Out
☐ Excessive Vibration ☐ No Torque☐ ☐ Excess Noise ☐ Other	
·	
☐ Excess Noise ☐ Other	_Serial#:
☐ Excess Noise ☐ Other	_Serial#: ☐ Burr Falls Out
#4 Handpiece Model Excessive Vibration No Torque Excess Noise Other Repair items are see if under Wa	_Serial#: Burr Falls Out e automatically checked to arranty – if so, repairs are ne at no cost!

Please put the enclosed tracking sticker, the one on the top with the bar code to the left or right of our Free Business Reply label on your box, and the small strip with the corresponding tracking number on the bottom of your copy of the work order (yellow one). You can now go to USPS.com web site for tracking of your package.

Contact us at: Thedentistschoice@comcast.net www.thedentistschoicecolorado.com

or <u>www.tdccolo.com</u> Phone (303)862-8869 Fax (303)279-3644



Please carefully pack
Handpieces or Attachments
In a box. Be sure to fill out
the work order with the
information about the
repairs needed, and
include a copy with
the repair.
Cut out the Postage
Paid Business Reply label
Below, and tape it to
your box. If you have any
Questions, please feel
free to call us at
303-862-8869.

Thank you for your Business

Cory and Patty Fisher
The Dentist's Choice Golden, Colorado