

1513 North 13th Street  
Temple, TX 76501  
(254) 624-6861



DEDICATED,  
TO YOUR HANDPIECES



## **SERVICE REQUEST FORM**

Handpieces must be sterilized prior to pick-up.

Please complete contact information, services required and payment information.



### **Contact Information**

Doctor's Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Preferred Contact Method \_\_\_\_\_

### **Services Required**

	Make / Model	Serial #	Problem / Comments	Estimate Required
1				Yes / No
2				Yes / No
3				Yes / No
4				Yes / No
5				Yes / No
6				Yes / No
7				Yes / No
8				Yes / No
9				Yes / No
10				Yes / No

Payment Is Due When Services Are Rendered

### **Payment Information**

Method: VISA MC AMEX DISCOVER CHECK CASH

Card Number: \_\_\_\_\_ Sec. Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Date Received \_\_\_\_\_ Estimate Called \_\_\_\_\_ Approved By \_\_\_\_\_ Date Delivered \_\_\_\_\_