



Clifford House, Clifton Road
Blackpool FY4 4QA
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Dr. Name:	_____
Practice Name:	_____
Address:	_____ _____ _____
Telephone:	_____
Postcode:	_____
Date:	_____

HANDPIECE(S) FOR REPAIR

1

Make	_____
Model	_____
Serial No.	_____
Fault/Repair Requested:	_____ _____ _____
<input type="checkbox"/> Estimate	<input type="checkbox"/> Warranty Repair*

2

Make	_____
Model	_____
Serial No.	_____
Fault/Repair Requested:	_____ _____ _____
<input type="checkbox"/> Estimate	<input type="checkbox"/> Warranty Repair*

3

Make	_____
Model	_____
Serial No.	_____
Fault/Repair Requested:	_____ _____ _____
<input type="checkbox"/> Estimate	<input type="checkbox"/> Warranty Repair*

Please complete form and insert white original, together with the handpiece(s) to be repaired, into the pre-paid mailing envelope provided. Please keep the yellow copy for your records. PLEASE NOTE: Postage paid on this envelope is standard First Class only.

Use of a registered or other insured service is strongly recommended.

***IMPORTANT NOTE:** Please attach a copy of your original invoice when requesting a warranty repair.