

# SERVICE REQUEST FORM

**Please sterilize all handpieces prior to pick up**

FREE Estimates on ALL makes and models

<u>HANDPIECE MAKE</u>	<u>SERIAL #</u>	<u>PROBLEM ENCOUNTERED</u>	<u>ESTIMATE REQUIRED</u>
1.			YES / NO
2.			YES / NO
3.			YES / NO
4.			YES / NO
5.			YES / NO

COMMENTS:

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DR'S NAME                      TELEPHONE                      ADDRESS                      CONTACT NAME

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PAYMENT:      VISA      MC      AMEX      DISCOVER      C.O.D.      CHECK

CARD # \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      EXP. DATE \_\_\_\_\_

**FREE PICKUP, DELIVERY, AND SHIPPING**

7940 Willoughby Ct.  
 Alpharetta, GA 30005  
 1-866-794-9936  
 www.Revolvadent.com