



# The Dentist's Choice

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TheDentistsChoiceSC.gmail.com • www.TheDentistsChoiceSC.repair

## Repair Order Form for Dental Instruments

### Customer Info:

Company Name:	Contact Person:
Shipping Address:	Phone #:
	Contact email:

### Order details:

Please sterilize your instruments prior to shipping. Fill out best as you can, for accurate service, please sort your instruments according to how you want them retipped.

Qty	Original Manufacturer Name	Instrument Name / Special Instruction	Sharpen Only (Please check mark)	Retip as Handle Name (Please check mark)	Retip to Desire Tip (Please write)	Trade-In or New (Please check mark)

Please make our instrument blades as follows (Please Circle) :    Normal    Thicker    Thinner    Longer    Shorter

Please circle the following. If you mark **NO** we will return without work done.

**YES** or **NO** ▪ If your instrument cannot be re-tipped, should we replace it with a new instrument at a reduced trade-in price?

**YES** or **NO** ▪ If instrument will be replaced, would you like the old instrument returned?

**YES** or **NO** ▪ If unable to SHARPEN, should we RETIP the instruments?

**Please Note:** There is a 10-item minimum on all dental instrument repair orders.