

Contact Person:\_\_

## THE DENTIST'S CHOICE

80 Christina Court, Yardley, PA 19067 215-432-3556 www.thedentistschoicepa.com johnsisti@thedentistschoice.com

## **WORK ORDER**

Date:	
Dentist's Name:	
Address:	
Telephone Number	r:
Email:	
Handpiece Model:	
Serial Number:	
Problem:	□ Excess Vibration □ No Torque □ Bur Falls Out □ Excess Noise □ Other
Request:	□ Proceed with Repair □ Call with Estimate (Fee may apply)
Return By:	
Notes:	
	#



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## **WORK ORDER**

Date:	\$	
Dentist's Nam	e:	
Address:		
Telephone Nu	mber:	
Email:		
	odel:	
Serial Number	1	
Problem:	☐ Excess Vibration	
	☐ No Torque	
	☐ Bur Falls Out	
	☐ Excess Noise	
	Other	
Request:	<sup>⁴</sup> ☐ Proceed with Repair	
	Call with Estimate (Fee may apply)	
Return By:		
Notes:		
		_
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Contact Perso	n:	