


Inland Dental Quick Repair Submission Kit

- 1: Print this PDF file.
- 2: Fill out the REPAIR ORDER FORM, clip out and put in box with your sterilized handpiece.
- 3: Clip out and tape the BUSINESS REPLY LABEL securely to the box. We pay the postage. Your repaired handpiece is returned in days postage paid!



INLAND DENTAL
Handpiece Service

721 E. GLENCREST DR.
SPOKANE, WA 99208
509-465-9388
800-747-5054

REPAIR ORDER FORM

OFFICE: _____

DATE: _____

ADDRESS: _____

CONTACT NAME: _____

PHONE NO.: _____

OFFICE HRS & DAYS CLOSED: _____

HANDPIECE MAKE / MODEL	SERIAL NO.	SYMPTOMS / PROBLEMS	INSTRUCTIONS
1.			<input type="checkbox"/> REPAIR / REPLACE AS NECESSARY <input type="checkbox"/> CHECK OUT, CALL WITH ESTIMATE <input type="checkbox"/> YES, WE USE THE FIBER OPTICS!
2.			
3.			
4.			

SELECT RETURN SHIPPING:

SPOKANE DELIVERY, NO CHARGE

PRIORITY MAIL, NO CHARGE

AIRBORNE, (TRACEABLE) ADDITIONAL CHARGE

PLEASE SEND ME:

EXTRA REPAIR ORDER / SHIPPING FORMS

LUBRICARE 1 oz. OILERS (\$8.95 ea.)

EXTRA _____

REPAIR ORDER FORM



FROM _____

BUSINESS REPLY LABEL

FIRST CLASS MAIL PERMIT NO. R6268 SPOKANE WA

POSTAGE WILL BE PAID BY ADDRESSEE

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



Inland Dental Handpiece Service
721 E. Glencrest Dr.
Spokane, WA 99208-9924



BUSINESS REPLY LABEL

