

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

8601 N DIVISION ST.
SPOKANE, WA 99208
509-465-9388

REPAIR ORDER FORM

OFFICE: _____ DATE: _____
ADDRESS: _____ CONTACT NAME: _____

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



BUSINESS REPLY LABEL

FIRST-CLASS MAIL PERMIT NO. 6268 SPOKANE, WA

POSTAGE WILL BE PAID BY ADDRESSEE

INLAND DENTAL HANDPIECE SERVICE
8601 N DIVISION ST STE F
SPOKANE WA 99208-9904



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY LABEL

