

HANDPIECE EVALUATION / QUOTE / REPAIR SUBMISSION FORM

Name of Dental Practice _____

If your Practice has a number of Dentists operating independently, please ensure this is the name of the relevant Dentist or Company.

Address _____

Contact Person _____ Phone _____

Contact Person Email _____

HANDPIECE DETAILS

Brand _____ Model _____

Serial No _____

Is this a Warranty Repair? YES / NO (Circle one)

If this is a warranty repair, please attach a copy of your purchase receipt or invoice to this form.

Description of Fault _____

We aim to respond to all enquiries and quote for repairs within 24 hours,* however if you are happy for us to repair the handpiece without contacting you to quote the repair cost, this can save valuable time. You have the option to tick the box below, to authorise a repair as long as the repair cost is going to be under \$400 + GST.

Please repair this handpiece if repair cost is below \$400 + GST

* Subject to RA Jenks receiving required information and spare parts from handpiece suppliers/manufacturers.