



# The Dentist's Choice KC

P. O. Box 10

Weston, MO 64098

**913-322-3565**

## SERVICE REQUEST

Date: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Phone \_\_\_\_\_

Email: \_\_\_\_\_

Handpiece Model \_\_\_\_\_

Serial Number \_\_\_\_\_ ☐ Electric

**ISSUE/S:** ☐ Water leaks ☐ No torque  
☐ Excess vibration ☐ Bur falls out  
☐ Excess noise ☐ Other \_\_\_\_\_

**REQUEST:** ☐ Proceed w/ Repair  
☐ Call w/ Estimate

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Notes: \_\_\_\_\_

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