HANDPIECE SOLUTIONS, INC.

ULTRASONIC SCALER REPAIR WORK ORDER

Phone: 702-388-1888 Toll Free: 888-488-3885 Fax: 702-248-2128
www.handpiecesolutions.com

Work Order #: _____ Date Received: _____ Received By: _____

1. CUSTOMER INFORMATION

Office Name: _____ Doctor Name: _____

Contact Person: _____ Phone: _____

Email: _____ Preferred Contact: _____

Return Shipping Address: _____

2. EQUIPMENT INFORMATION

Brand: _____ Model: _____

Serial Number: _____ Number of Units: _____

3. ITEMS INCLUDED - CHECK EVERYTHING IN THE SHIPMENT

☐ Control unit	☐ Handpiece	☐ Foot pedal	☐ Power cord
☐ Water line	☐ Handpiece cable	☐ Scaler tip(s): ___	☐ Other: _____

Important: List every accessory included. Handpiece Solutions, Inc. is responsible only for items documented at intake.

4. REPORTED PROBLEM

☐ No vibration / weak power	☐ Intermittent operation	☐ Water flow issue
☐ Unit is leaking	☐ Power issue	☐ Foot pedal issue
☐ Cable / handpiece connection	☐ Unusual noise / overheating	☐ Other: _____

Please describe the problem, when it occurs, and any prior repair attempts:

5. SERVICE REQUEST

☐ Evaluate the equipment and contact me with an estimate before any repair.

☐ Proceed with repairs up to $_____ per unit. Contact me if the repair will exceed this amount.

$95 EVALUATION FEE PER UNIT: The evaluation fee is credited toward the repair when the repair is approved. If the repair is declined, the $95 evaluation fee is non-refundable. Return shipping charges are additional.

6. CUSTOMER AUTHORIZATION AND IMPORTANT TERMS

1. Repair authorization. No repair will be completed without customer approval unless a preauthorized repair limit is selected on page 1.

2. Additional findings. Evaluation may reveal problems that were not visible or reported when the equipment was submitted. Handpiece Solutions, Inc. will request approval before exceeding the authorized amount.

3. Equipment condition. The customer confirms that the equipment has been cleaned and disinfected before shipment. Remove used or contaminated scaler tips whenever possible.

4. Accessories and shipping. The customer is responsible for accurately listing all items included. Return shipping, insurance, and expedited service charges, when requested, are additional.

5. Declined repairs. The $95 evaluation fee per unit is due when a repair is declined. Equipment will be returned after applicable evaluation and shipping charges are paid.

6. Unclaimed equipment. Equipment left unclaimed for more than 90 days after the final notice may be considered abandoned, subject to applicable law.

☐ I have reviewed this work order, confirm that the information is accurate, and authorize Handpiece Solutions, Inc. to evaluate the equipment under the terms above.

Authorized Name: _____ Title: _____

Signature: _____ Date: _____

7. PAYMENT INFORMATION - OPTIONAL

☐ Use card already on file	☐ Call me for payment	☐ Check enclosed
Billing ZIP Code: _____	Purchase Order #: _____	

For security, do not write a complete credit-card number on this form.

8. HANDPIECE SOLUTIONS INTAKE AND INTERNAL NOTES

Condition upon receipt:	☐ No visible damage	☐ Visible damage noted below	☐ Items missing / discrepancy

Document visible damage, discrepancies, technician findings, and customer communication:

Estimate Amount: _____ Date Customer Contacted: _____

Approved / Declined: _____ Employee Initials: _____

Shipping reminder: Pack equipment securely and include this completed form inside the box. Write your name and return address on the upper-left corner of the shipping box.