

RETIPPING & SHARPENING FORM

Office / Doctor Name	Contact Name					
Street Address	City / Province / Postal Code					
E-Mail	Phone / Fax					
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 30%;">VISA / MasterCard #</td> <td style="border: none; width: 30%;">Expiration Date</td> <td style="border: none; width: 40%;">CVV</td> </tr> </table>	VISA / MasterCard #	Expiration Date	CVV	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%;">Signature</td> <td style="border: none; width: 30%;">Name</td> </tr> </table>	Signature	Name
VISA / MasterCard #	Expiration Date	CVV				
Signature	Name					

INSTRUMENTS	RETIP		SHARPEN	
	Single End	Double End	Single End	Double End
SCALERS/CURRETES	\$6.50	\$12.99	\$3.50	\$7.00
OPERATIVE/ENDO	\$6.50	\$12.99	-	-
EXPLORERS	\$6.50	\$12.99	-	-
PERIO PROBES	\$9.99	\$18.99	-	-
COLOR PROBES	\$12.99	\$25.99	-	-
WHO PROBES	\$14.99	\$29.99	-	-
SURGICAL	\$17.99	\$32.99	\$5.99	\$10.99
ELEVATORS	\$21.99	\$42.99	\$6.99	\$13.99
TITANIUM/IMPLANT SCALERS	\$15.99	\$31.99	-	-
TUNGSTENIZE	\$3.50	\$6.00	-	-
SCISSORS	-	-	-	\$9.99
ORHTO SCISSORS	-	-	-	\$17.99

- Normal repair work of **20 or more instrument** will be completed within 15 business days.
- Orders received without specific instructions will be retipped per handle stamps. Customer incurs the cost of rework due to unclear instructions.
- New and retipped instruments are guaranteed against defects until the first use or thirty days from the date of invoice, whichever occurs first. Sharpened instruments are not guaranteed.
- Instruments lost or damaged in the mail can be replaced with Dental Fix instruments at our regular price.
- Regular return shipping charge will be added to customer invoice.
- Charges incurred by Dental Fix for incorrect shipping information (such as address, name, suite #) will be charged back to customer.
- Instruments should be sent to Dental Fix via courier insured mail at customer cost. Dental Fix is not responsible for lost or damaged packages.
- Instruments must be sterilized and kept in the sterilized pouch before sending them to Dental Fix. Failure to comply, will result in the instruments being sent back to the customer. Shipping charges will apply.
- Payment is due in full within 10 working days of the date of invoice.

MINIMUM CHARGE \$50.00

INSTRUMENT TYPE / NAME	Qty.	Sharpen Only	Sharpen Or Retip	Retip Only	Retip Or Replace	SPECIAL DESCRIPTION "By the Handle" OR "By the Tip"
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If you have more instruments than can fit in the table above, feel free to use separate page.

www.dentalfix.ca

Office Use ONLY		/ /	/ /	/ /	/ /
Rev. 01/19	PO #	Order received	Processed for repair	Repair done	Shipped to customer