



THE DENTIST'S CHOICE

89 Steeple Street
Revere, MA 02151
781-325-2300
bostontdc@gmail.com

WORK ORDER

Date: _____

Dentist's Name: _____

Telephone Number: _____

Handpiece Model: _____

Serial Number: _____

Handpiece Model: _____

Serial Number: _____

Handpiece Model: _____

Serial Number: _____

- Problem:
- Excess Vibration
 - No Torque
 - Bur Falls Out
 - Excess Noise
 - Other

- Request:
- Proceed With Repair
 - Call With Estimate

Return By: _____

Notes: _____

VISA / MC / AMEX

WHITE - ORIGINAL ▪ YELLOW - LAB