

Service Request Form



Tel 587-351-8324

Email: dustin@rockyviewdental.ca

Website: www.cantechdental.ca

Address: 203 - 304 Main Street
South Suite 432
Airdrie AB T4B 3C3

CALL NOW TO ARRANGE YOUR FREE PICK UP!

Handpiece Make	Serial #	Problem Encountered	Estimate Required
1 _____	_____	_____	YES / NO _____
2 _____	_____	_____	YES / NO _____
3 _____	_____	_____	YES / NO _____
4 _____	_____	_____	YES / NO _____
5 _____	_____	_____	YES / NO _____

COMMENTS:

****Please sterilize all handpieces prior to pick-up****

Doctor's Name _____

Tel: _____

Contact Name _____

Email: _____

Address _____

Payment: VISA MC AMEX C.O.D. CHEQUE CASH
Card # _____ Exp: _____

IN OFFICE USE ONLY:
Date Received: _____
Estimate Called: _____
Approved By: _____
Date Shipped: _____