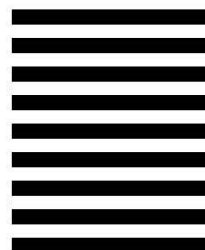


From Doctor's office:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY LABEL**

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BROOKLYN, NY

POSTAGE WILL BE PAID BY ADDRESSEE

ARPINO DENTAL  
PO BOX 59  
BERNARDSVILLE NJ 07924-9913



===== Cut by this line, fill out and enclose with your order =====

**REPAIR INFORMATION CARD**

**Please forward my repaired handpiece to: (no P.O. Boxes, please)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, ZIP code:** \_\_\_\_\_

**Phone number: ( )** \_\_\_\_\_

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

**The following sterilized handpieces are enclosed:**

----- **Product** ----- **Serial No.** ----- **Describe the problem**

- 1.
- 2.
- 3.
- 4.
- 5.

**Comments:** \_\_\_\_\_

Please note: Your repair will be returned to you via FedEx/UPS. An estimate can be given upon request. Please do not leave bur in your handpiece/attachment, as it will NOT be returned to you upon completion of repair. No P.O. Boxes, please. Please affix the label (above) to the box and enclose this Card. Volume repairs will be entitled to our same day FedEx pick-up. Call us at 718-236-4399 or email [amanda@arpinodental.com](mailto:amanda@arpinodental.com) to schedule a pick up or with any questions.