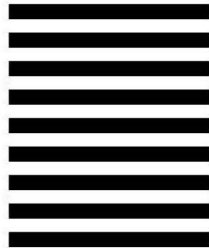


From Doctor's office:

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY LABEL
FIRST-CLASS MAIL PERMIT NO. 32895 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 Ground. 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 to schedule a pick up or with any questions.