



Arpino Dental 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:

--- Handpiece Model ----- Serial No. ----- Describe the problem

1.

2.

3.

4.

5.

Comments: _____

Please note: Your repair will be returned to you via FedEx. An estimate will 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.