

Repair Estimate Request

Date: _____

Contact Information

Company Name: _____

Address: _____

City: _____ State: ____ ZIP _____

Contact Name: _____

Contact #: _____

Equipment Information

Type of unit: _____

Make _____ Model _____

Serial Number: _____

Please tell us what you are shipping, circle all that apply.

Scaler Polisher Scaler/polisher Foot pedal Power cord

Air Line Water line Hand piece cable Hand piece wand

Water tank High speed handpiece Sterilizer

Other (Describe) _____

Please write a short note explaining problem with your unit:

Mail this form and your equipment to:

J & M Dental ~ 5151 Cahaba Valley Road Ste B ~ Birmingham, Al 35242