



3965 Bonnett Creek Ln
Hoschton, GA 30548

Handpiece Service Request Form

Toll Free: 800-590-3885
Fax: 404-601-6474

www.apollorepair.com
apolldentalrepair@gmail.com

	Make & Model	Serial Number	Problem Encountered	Need Estimate?
1				Y / N
2				Y / N
3				Y / N
4				Y / N
5				Y / N
6				Y / N
7				Y / N
8				Y / N
9				Y / N
10				Y / N

**FREE estimates on all makes and models,
and other services requested prior to any work done**

**Please sterilize all handpieces prior to pick-up or shipping.
Call for pick FREE pick-up and return delivery**

Business Name: _____ Contact Name: _____

Address: _____ Telephone: _____

_____ Email: _____
(if preferred contact method)

Payment Method: Visa _____ MC _____ AMEX _____ Discover _____ Check _____ Cash _____

Credit Card # _____ Expiration Date _____ CVV _____

Apollo Dental Repair— In Office Use Only

Date Received _____ Estimate Called _____ Approved By _____

Delivery or Shipping Date _____