



# REQUEST FOR RECYCLING OF AMALGAM CANISTER DECLARATION FORM

Purchase Order # \_\_\_\_\_  
*If applicable (Please attach copy)*

DENTAL OFFICE or DOCTOR'S NAME \_\_\_\_\_

OFFICE CONTACT NAME \_\_\_\_\_ (first) \_\_\_\_\_ (last)

OFFICE ADDRESS \_\_\_\_\_ SUITE \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_ ☐ PREFERRED COMMUNICATION

SERIAL NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_ ☐

MODEL NUMBER \_\_\_\_\_

BUSINESS HOURS:

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--------|---------|-----------|----------|--------|
|        |         |           |          |        |

\* Please specify if office is closed during lunch hours and provide details:

**CERTIFICATE REQUIRED**

YES ☐

NO ☐

DF Dental Solutions • 1287 MATHESON BLVD. EAST, MISSISSAUGA, ON L4W 1R1

TECH NAME \_\_\_\_\_ TECH'S PHONE \_\_\_\_\_

TO BE PICKED UP AT: DF DENTAL SOLUTIONS OFFICE ☐ THE CUSTOMER'S OFFICE ☐

**Please fax completed form to 1-888-814-9838**

**Once the form is received and payment information confirmed, we will fax you back a completed shipping document to affix to the box and will have a courier company collect the packaged materials at your facility.**

**----- One form per canister -----**

I hereby confirm that all the waste materials are packaged securely for public roadway transportation.

DATE : \_\_\_\_\_ SIGNATURE : \_\_\_\_\_

DF DENTAL SOLUTIONS  
1287 Matheson Blvd. East, Mississauga, ON L4W 1R1  
1-866-740-8829  
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