



REPAIR SERVICE FORM

Send Repairs To: Dental Fix, Attn. Repairs,
1287 Matheson Blvd. East, Mississauga, ON L4W 1R1
1-866-740-8829 • www.dentalfix.ca

**Please fill out this form and include a copy of it with your repair.*

Name: _____ Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Person in your office we can contact about this repair: _____

Phone: _____ Fax: _____

E-mail: _____

Preferred method of contact: Phone Email Fax

Office Hours: _____

Device: _____ Make: _____

Serial #: _____ Date of Purchase: _____

Problem with Device: _____

I pre-authorize Dental Fix to repair my device if the repair is under \$ _____. If the repair is over the authorized amount we will contact you first before proceeding with the repair.

Signature

Date

DENTAL FIX USE ONLY:

Date Received: _____ By: _____

Accessories Received: _____

Repair Estimate: _____ Invoice #: _____

Approved By: _____ Date Mailed Back: _____