

# FREE SHIPPING KIT REQUEST FORM



**Fax us back this completed form,  
and we will mail you a FREE  
instrument repair shipping kit  
with everything you need to send us  
your handpiece or hand instrument for service.**

**Your Name** \_\_\_\_\_  
**Doctor's Name** \_\_\_\_\_  
**Office Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
**Suite / Floor/ Unit** \_\_\_\_\_  
**PO Box (if applicable)** \_\_\_\_\_  
**City** \_\_\_\_\_  
**State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Ext** \_\_\_\_\_  
**Fax** \_\_\_\_\_  
**Emial Address** \_\_\_\_\_

\_\_\_\_\_ **Please send me a free shipping kit**

\_\_\_\_\_ **Please call me at the phone number provided**

**Our Fax # 1-570-296-2706**

**Feel free to contact us with any questions**  
**[www.d-hhandpieceexpress.com](http://www.d-hhandpieceexpress.com)**