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REPAIR ORDER



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Hayes Maine

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| Date: | Contact Person: | |
| Dr./Office name: | | |
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| | | |
| | | E-mail: |
| Handpiece Make/Model | Serial Number | Briefly explain problem (turbine, fiber optics, etc.) |
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| | | |
| ☐ Diagnose and repair as necessary OR ☐ Estimate required | | |
| Credit Card #: Exp: | | Exp: |
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| ☐ Purchasing Hayes OneStep™ lubricant ☐ Endo, implant or surgical handpieces | | |
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