



500 Village Park Drive  
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**DOCTOR'S ACCOUNT NUMBER**

**DATE SHIPPED**

**DATE WANTED**

Allow 3-5 in lab days

1 day prior to appointment

**Patient's Name** \_\_\_\_\_

Drs. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Send:** Boxes Mailing Labels RX Forms (Download at [www.d3dentaldesign.com](http://www.d3dentaldesign.com))

**Case Materials Enclosed:** Impression Model Digital File Sent by \_\_\_\_\_

## DENTAL HANDPIECE SERVICE

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

### IN OFFICE USE ONLY

Estimate Given: \_\_\_\_\_

Approved By: \_\_\_\_\_

Please sterilize all handpieces prior to pick-up.

HANDPIECE MAKE	SERIAL #	PROBLEM ENCOUNTERED	FREE ESTIMATE	
1. _____	_____	_____	Yes	No
2. _____	_____	_____	Yes	No
3. _____	_____	_____	Yes	No
4. _____	_____	_____	Yes	No
5. _____	_____	_____	Yes	No

Comments:

Personal Signature of Doctor

\_\_\_\_\_