

WORK ORDER NO.

Dr. Name: _____	
Practice Name: _____	
Address: _____	
Name of contact: _____	
Email Address: _____	Postcode: _____
Preferred Telephone No: _____	Date: _____

DD

Units 1 & 2 Apollo Court,
Hallam Way,
Whitehills Business Park,
Blackpool FY 4 5FS
Tel: 01253 600090



Account No. _____

Orthodontic Cutter(s) for repair

If only original manufacturer parts are to be used please tick here.

☐

IMPORTANT: Please confirm all cutters are wrapped.

☐

1

Make _____

Model _____

Fault description: _____

☐ Estimate ☐ Resharpen ☐ Retip

2

Make _____

Model _____

Fault description: _____

☐ Estimate ☐ Resharpen ☐ Retip

3

Pre-accepted repair limit

I confirm repair value options of up to:

☐ £30

☐ £50

Authorised by: _____

Declaration: All items in this package were decontaminated and sterilised by autoclaving in accordance with current regulations.

Signed: _____

Position: _____

Date: _____

Print Name: _____

Please note: It is illegal to send contaminated items via the postal service.

Please complete form and insert, together with the Cutters(s) to be repaired, into the mailing envelope and attach the pre-paid label. We recommend keeping a copy for your records. PLEASE NOTE: Postage paid on this envelope is standard First Class only. **Use of a registered or other insured service is strongly recommended.**