

**Complete this form and attach it to your broken handpieces.**  
**If a free estimate is chosen, you will receive a call or email with the cost of repair. Thank you for choosing SNOW for your repairs!**

**Dentist or Office Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State/Zip:** \_\_\_\_\_

**Email (For Repair Information & Estimates Only):**  
 \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Handpiece Repair Form**

**Date sent to SNOW:** \_\_\_\_\_

\_\_\_\_\_ Call With Estimate    \_\_\_\_\_ Email Estimate    \_\_\_\_\_ Repair Without Estimate

**Handpiece Information:**

Serial #: \_\_\_\_\_ Problem: \_\_\_\_\_

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\_\_\_\_\_



SNOW Dental Handpiece Repair, LLC  
 3019 Duportail Street #130  
 Richland, Washington 99352  
 Phone: (509) 554-3986

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