

WORK ORDER THE DENTIST'S CHOICE

JAY EUBANKS
OWNER

DR. _____

ADDRESS: _____

PO Box 60426
Colorado Springs, CO
80960

719-576-1663

PHONE: _____

TYPE SERIAL # REPAIRS NEEDED

1. _____

2. _____

3. _____

4. _____

PROBLEM:

Hand Piece #

	#1	#2	#3	#4
EXCESS VIBRATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO TORQUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUR FALLS OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXCESS NOISE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REQUEST:

☐ Proceed with repair ☐ Call with estimate

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