



RENSTROM

DENTAL STUDIO, INC.

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HANDPIECE REPAIR

Date: _____

Dentist's Name: _____

Address: _____

Telephone Number: _____

Contact Person: _____

Handpiece Model: _____

Serial Number: _____

Problem: Excess Vibration
 No Torque
 Bur Falls Out
 Excess Noise
 Other _____

Request: Proceed With Repair
 Call With Estimate

Return By: _____

Notes: _____
