

## **DENTAL & SURGICAL INSTRUMENT SHARPENING SERVICE**

WHEN QUALITY COUNTS... EXPERIENCE MATTERS

Please print and fill out this form with amounts & include it in your package

Elevator/Luxator_\$	8 Periosteal Elevator_\$8	Root_Pick_\$5	Suture Scissor \$6
Hand Scaler_\$6	Hand Curette \$6	Needle Holder_\$6	Deciduous Elevator \$8
<u>Scissor \$6 - \$7</u>	Other		* <u>\$15.00 Machine set up fee</u>
	FAST TUI	RN-AROUND TIMI	
Usually onl	y a few day turnaround tim	e. Loaner instrumn	nents available upon request
-	•		es if I will be out of town***
		ISTRUMENTS TO:	
PRECISION INSTRUMENT SHARPENING			
101 E. PARK AVE. SUITE #269 LONG BEACH, NY 11561			
	PACKAGII	NG INSTRUCTION	S:
Make sure t			nts in a bag, wrapped tightly with
padding so th	hey do not "Jingle" in the box. D	o not send cases or instr	uments that do not get sharpened
Email <u>info@pisharpening.com</u> w/ Tracking #.			
Please do not check "signature required" for mailing, it's a PO Box.			
*Your instruments will be sent back Priority Mail Flat Rate box which includes \$100 insurance.			
<u>*If hig</u>	her dollar amount of insurance is	wanted, please write an	nount here \$
<u>Payment</u>	t due at time of service. Invo	ice will be emailed im	mediately after sharpening
	Payment can be made wit	h a credit card through t	he invoice link
Name		Date	
Clinic Name			
Clinic Street Add	dress		
City		State	Zip Code
Phone Number_	Bill	ing Email	
Signature			
*Client agrees no	t to hold Precision Instrument Shar	pening liable for any loss	or damages
SAVE MONEY WITH MAINTENANCE!			
GET 10% OFF IF YOU HAVE US SHARPEN YOUR INSTRUMENTS REGULARLY			
	Check here if these are the same		
www.pisharpening.com_info@pisharpening.com_602-499-0870			