

Handpiece Repair Form - New Zealand

Please enclose this paperwork with handpiece/s being returned for repair.

Practice/Business Name			
Contact Person			
Phone		Customer Number	
Billing Address			
Suburb			
State		Postcode	
Email			
Delivery Street Address (if different from above)			
Suburb			
State		Postcode	
Package Tracking Number			

Handpiece 1:

Model/Description:		Serial No:	
Fault/Comments:			
Quote required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<small>Note: Quotes are only available for repairs of more of than \$250 +GST. Repairs under \$250 +GST will be completed automatically and invoiced to your account.</small>			
For hygiene reasons, handpieces must be sterilised before being accepted for repair. Please provide details of when this handpiece was last sterilised and include the process used. Sign and date the guarantee.			
Date of last sterilisation:		Method used:	
I guarantee the above handpiece supplied for repair is currently sterile.			
Name:		Date:	
Signature:			

Handpiece 2:

Model/Description:		Serial No:	
Fault/Comments:			
Quote required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<small>Note: Quotes are only available for repairs of more of than \$250 +GST. Repairs under \$250 +GST will be completed automatically and invoiced to your account.</small>			
For hygiene reasons, handpieces must be sterilised before being accepted for repair. Please provide details of when this handpiece was last sterilised and include the process used. Sign and date the guarantee.			
Date of last sterilisation:		Method used:	
I guarantee the above handpiece supplied for repair is currently sterile.			
Name:		Date:	
Signature:			

Handpiece 3:

Model/Description:		Serial No:	
Fault/Comments:			
Quote required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Note: Quotes are only available for repairs of more of than \$250 +GST. Repairs under \$250 +GST will be completed automatically and invoiced to your account.			
For hygiene reasons, handpieces must be sterilised before being accepted for repair. Please provide details of when this handpiece was last sterilised and include the process used. Sign and date the guarantee.			
Date of last sterilisation:		Method used:	
I guarantee the above handpiece supplied for repair is currently sterile.			
Name:		Date:	
Signature:			

For Office Use Only

Repair Authorised by:		Date:	
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How to return your handpiece/s for repair

1. Please ensure all goods being returned are appropriately disinfected/sterilised.
Note: Where appropriate, any equipment not disinfected/sterilised will be returned without repair.
2. Please enclose a completed copy of this Handpiece Repair Form with the goods being returned.
If you are claiming warranty on this repair, please also enclose a copy of the purchase invoice.
3. Package equipment securely-suitable for road transport. The condition of the product received is your responsibility.
4. Label the package with the date, customer postcode and the address provided on the last page of this form.
IMPORTANT: Please ensure that the Date and Customer Postcode are clearly marked on the package label as this information will be used for tracking purposes.
5. Click on the **Submit** button below to submit the form by email to AustraliaAndNewZealand-Workshop@dentsplysirona.com. Once the form is sent, a copy will be saved in the Sent Items folder in your email application.
6. We recommend that you print and keep a copy of this form along with the package tracking number until the equipment is returned to you.

Submit

Australia ☎ 1300 552 929 🌐 www.dentsplysirona.com.au | New Zealand ☎ 0800 336 877 🌐 www.dentsplysirona.co.nz
ANZ ✉ clientservices@dentsplysirona.com 📍 11-21 Gilby Road, Mount Waverley, VIC 3149

Please attach this address label to the parcel and ensure that the date and customer postcode are clearly marked as this information will be used for tracking purposes.

Customer postcode

Date

Dentsply Sirona
Workshop Service/Repair
75 France Street
Eden Terrace 1010
Auckland, New Zealand