

US Diamond Dental, LLC

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Order Form

*Please write legibly

www.retipping.com

Date:

Acc. Name (if known):		<input type="checkbox"/> Address changed		<input type="checkbox"/> New Customer	
Doctor / Business Name (for billing purpose)					
Contact Person / Hygienist:			Email Address (send me UPS tracking #)		
Street Address:					
City:		State:		Zip Code:	
Phone:		Fax:			
<input type="checkbox"/> Replace with new instruments if any of my instruments cannot be retipped due to a crack or one-body construction.			<input type="checkbox"/> Do not replace with new instruments if any of my instruments cannot be retipped. Just return them to me.		
QTY	Instrument Name <i>You are sending in or purchasing...</i> <small>(i.e., GR(Gracey)1/2, H6/H7, COL(Columbia)13/14, BH(Barnhart) 5/6, Kirkland 15K/16K, Probe CP12 Exp5, Elevator, Scissors etc..)</small>	Please circle the service you are requesting. R : <u>Retipping Service</u> S : <u>Sharpening Service Only</u> N : <u>Buy New Instruments</u> SN : <u>Service as Needed</u>		Additional / Special Instructions New : Specify handle type & size Retipping Service: When not specified, We will retip according to handle imprint	
		R	S	N	SN
		R	S	N	SN
		R	S	N	SN
		R	S	N	SN
		R	S	N	SN
		R	S	N	SN
		R	S	N	SN
		R	S	N	SN
		R	S	N	SN
		R	S	N	SN
		R	S	N	SN
		R	S	N	SN
		R	S	N	SN
		R	S	N	SN
		R	S	N	SN
		R	S	N	SN
		R	S	N	SN
		R	S	N	SN
<input type="checkbox"/> Check Enclosed (Payable to US Diamond Dental, LLC.)		Shipping & Handling: 1-2 lbs: \$10.50 2-10 lbs: \$17.15 > 10 lbs & up: \$23.00 (Hawaii & AK : actual shipping plus \$2.00)			
<input type="checkbox"/> <i>Pay with Credit Card On File (same credit card used last time)</i> <input type="checkbox"/> <i>Pay with Credit Card (VISA and Master Card Only) Please write legibly.</i>					
Name on Credit Card		Credit Card Number		CVV Code	Exp.(MM/YY)
Billing Address on Credit Card(if Different from above)					
*For safe handling, use only strong corrugated boxes for shipping instructions.					
Additional order form available at www.retipping.com					