

Freephone:	0800 808 855
Freefax:	0800 808 555
Email:	service@henryschein.co.nz
Courier to:	23 William Pickering Drive, Albany, Auckland 0745

Before sending handpieces for service, please call our Customer Service team on 0800 808 855 to log a service job and obtain a job reference number. Job Ref No.:
Package your items carefully to avoid possible damage during transport.

Handpiece Repair Form

A service administration fee of 20% will be added to non-warranty repairs which are sent to 3rd party accredited Service Technicians on your behalf.

Make.....Model.....Serial Number.....

Fault.....

Make.....Model.....Serial Number.....

Fault.....

Make.....Model.....Serial Number.....

Fault.....

PLEASE TICK ONE

- Please Quote
 Please repair
 Please repair if under \$550 per Handpiece excl. Postage & GST
 Warranty Claim – Invoice #.....
 Other.....

ALL REPAIRS ARE COMPLETED WITH ORIGINAL SPARE PART

A minimum service fee of \$30 applies, this includes assessment and repair quote.

IMPORTANT

All patient applied instruments used in the clinical environment may become contaminated thus presenting a biological risk/hazard to those handling the items. In the interest of Infection control and safety for all our staff we do not accept used /contaminated items unless they have been reprocessed (cleaned with clinical detergent and steam sterilized in an autoclave pouch for identification of process indicator change) where the item for repair contains working parts (i.e. endo motor, curing light or other electrical items that cannot be steam sterilised) then cleaning with clinical detergent is suitable.

If you are unsure of how an item is to be processed please contact the service team or refer to Manufacturer’s instructions. **This is necessary to ensure instruments are in a condition that makes them safe to be handled during transit and repair. Please note:** Courier service does not include insurance. Please arrange insurance if required

Please sign the below Declaration

This Item has been cleaned with clinical detergent/disinfected and sterilized to ensure safe handling and transportation

Name..... Practice Name.....

HS Account..... Practice Phone.....

Signature..... Date.....