

Precision Instrument Sharpening

Submission Form

Please print out this form and include it with your instruments

Elevator _____ \$8.00 _____	Luxator _____ \$8.00 _____
Periosteal Elevator \$8.00 _____	Surgical Scissor _____ \$6.00 _____
Hand Scaler _____ \$5.00 _____	Suture Scissor _____ \$6.00 _____
Hand Curette _____ \$5.00 _____	Needle Holders w/Scissor _____ \$6.00 _____
Bandage Scissor _____ \$6.00 _____	Other _____

\$15 machine set up fee - Travel fee applies to in-clinic service - Payment due at time of invoice

MAIL INSTRUMENTS TO:

**PRECISION INSTRUMENT SHARPENING
PO BOX 23840
TEMPE, AZ 85285-3840**

DO NOT SEND INSTRUMENTS FEDEX... THEY WILL NOT DELIVER TO A P.O. BOX!

Recommended to use Priority Flat Rate Box from Post Office.

Wrap instruments tightly with padding so they cannot move around in box

Please, email info@pisharpening.com tracking number after instruments are sent. Instruments will be sent back Priority Mail and includes \$100.00 insurance.

If additional insurance is wanted, Please list dollar amount _____

**Client agrees not to hold Precision Instrument Sharpening liable for any damages or loss.*

Name: _____ Date: _____

Signature: _____ Billing Email: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone Number: _____

******Sign up for the "Keep 'em Sharp" Club******

Have us sharpen them at least every 4 months and get discounted service!
(Starts after the first sevice)

\$8.00 instruments are discounted to only \$6.00!

Check here if interested in every 3 months _____ 4 months _____