

## INSTRUMENT SUBMISSION FORM



## **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 <u>Pick_\$</u> 5_                                                                          | Suture Scissor \$6                                       |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------|------|
| Hand Scaler_\$6                                                                                                                                       | Hand Curette_\$6                                                                                                                                                                                     | Needle Holder_\$6_                                                                              | Deciduous Elevator_\$8                                   | -    |
| <u>Scissor \$6 - \$7</u>                                                                                                                              | Nail Trimmers_\$8 - \$9                                                                                                                                                                              | Other                                                                                           | * \$15.00 Machine set up fee                             | 2    |
|                                                                                                                                                       | t is not listed, please email <u>inf</u><br>We <mark>DO NOT sharpen cl</mark> i                                                                                                                      |                                                                                                 | vith a picture to see if I can sharper<br>rooming shears | n it |
|                                                                                                                                                       | FAST TUF                                                                                                                                                                                             | RN-AROUND TII                                                                                   | <u>ME</u>                                                |      |
|                                                                                                                                                       |                                                                                                                                                                                                      |                                                                                                 | nments available upon requiates if I will be out of to   |      |
|                                                                                                                                                       | MAIL IN                                                                                                                                                                                              | STRUMENTS TO                                                                                    | <u>D:</u>                                                |      |
|                                                                                                                                                       | PACKAGING INST                                                                                                                                                                                       | TRUCTIONS: (P                                                                                   | lease Read)                                              |      |
| <ul> <li>tightly with paddi</li> <li>Do not send cases</li> <li>Email info@pishas</li> <li>*Your instruments</li> <li>*If higher dollar ar</li> </ul> | struments are not loose in the ing so they do not "Jingle" in sor instruments that do not rpening.com w/ Tracking nut will be sent back Priority Mamount of insurance is wantedue at time of service | n the box.  t get sharpened  umber after mailing  ail Flat Rate box whice  d, please write amou | h <u>includes \$100 insurance</u><br>nt here \$          | R    |
|                                                                                                                                                       |                                                                                                                                                                                                      |                                                                                                 |                                                          |      |
|                                                                                                                                                       |                                                                                                                                                                                                      |                                                                                                 |                                                          |      |
|                                                                                                                                                       |                                                                                                                                                                                                      |                                                                                                 | Zip Code                                                 |      |
| Clinic Representive N                                                                                                                                 |                                                                                                                                                                                                      | ily Liliaii                                                                                     |                                                          |      |
| Signature                                                                                                                                             |                                                                                                                                                                                                      |                                                                                                 | Date                                                     |      |
| *Client agrees not to ho                                                                                                                              | old Precision Instrument Sharp                                                                                                                                                                       | pening liable for any lo                                                                        | ss or damages                                            |      |
| How did you hear about us? Do you want a busines                                                                                                      |                                                                                                                                                                                                      |                                                                                                 | a business card magnet?                                  |      |
| SAVE MONEY W                                                                                                                                          | ITH MAINTENANCE!                                                                                                                                                                                     | <u>!</u>                                                                                        | Г                                                        |      |
| GET 10% OFF IF THESE                                                                                                                                  | INSTRUMENTS HAVE BEEN SHA                                                                                                                                                                            | ARPENED BY US WITHIN                                                                            | N 6 MONTHS, CHECK THIS BOX                               |      |

www.pisharpening.com info@pisharpening.com 602-499-0870