

# MEDIDENT

## HANDPIECE REPAIR FORM

Please fill out this section and return it to us with your handpiece

Dentist Name:	Handpiece(s) make/model:
Surgery Name:	Serial No(s):
Surgery Address:	Please tick one of the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> Service with 3 month warranty</li> <li><input type="checkbox"/> Service with 6 month warranty</li> <li><input type="checkbox"/> Please quote</li> <li><input type="checkbox"/> Other - please specify</li> </ul>
Telephone No:	Email:

### HEALTH & SAFETY AT WORK DECONTAMINATION CERTIFICATE



### WARNING

1. It is illegal to send contaminated items through the post.
2. In the light of their legal obligations to staff, the Company reserve the right to decline to handle items not covered by a completed decontamination certificate.
3. Items returned for repair or service which are either not accompanied by a completed decontamination certificate and/or do not appear to have been properly decontaminated are liable to decontamination/sterilisation by the Company.
4. Please try to remove burs from handpieces; sharp points must be protected to avoid injury.

In accordance with the manufacturer's instructions, this item has been;

STERILISED BY AUTOCLAVE   
(preferred method)

TREATED BY COLD STERILANT/DISINFECTANT   
(State type) \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Position in Practice \_\_\_\_\_

Practice Address \_\_\_\_\_

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