US DIAMOND DENTAL

MANUFACTURER OF DENTAL INSTRUMENTS
SINCE 1979

INFO@RETIPPING.COM
678-731-7252
925 CRIPPLE CREEK DR, SUITE 100
LAWRENCEVILLE GA 30043
WWW.RETIPPING.COM

Date:

Dental Office Name:

Doctor / Hygienist / Contact person:

Address:

Email: ☐ Address Changed

Phone: ☐ New Customer

☐ Replace with new instruments if any of my instruments cannot be retipped due to a crack or one-body construction.

☐ Do not replace with new instruments if any of my instruments cannot be retipped. Just return them to me.

QTY	**Instrument Name** You are sending in or purchasing… (GR 1/2, BH 5/6, Probe CP 12, H6/7, Elevator, Scissors, EXP 5, Scalers…etc..)	Please circle the service you are requesting. **R: Retipping Service** **S: Sharpening Service Only** **N: Buy New Instruments** **SN: Service as Needed**	**Additional / Special Instructions** New: Specify Handle Type & Size Retipping Service: When not specified, we will retip according to handle imprint
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*__Payment:__

☐ **Check Enclosed** (Payable to ***US Diamond Dental,LLC***)

☐ **Pay Online** (We will send the payment link with an invoice by email)

☐ **Pay with Credit Card on File** (Same Credit Card used Last time)

☐ **Pay with Credit Card**

Credit Card Number: _____

Exp (MM/YY): _____ CVV Code: _____

Billing Address on Credit Card (If different from above)

:

*__Shipping & Handling:__

visit retipping.com and view "Shipping & Handling" for exact prices

*__Additional order form__

available at www.retipping.com

THANK YOU!