



US Diamond Dental, LLC

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 Phone: 678-731-7252 Fax: 678-731-7253 Email: Retipping@yahoo.com

Order Form

*Please write legibly

*UF17

Date: _____

Acc. Name (if known):	<input type="checkbox"/> Address changed	<input type="checkbox"/> New Customer
Doctor / Business Name (for billing purpose)		
Contact Person / Hygienist:	Email Address (send me UPS tracking #)	
Street Address:		
City:	State:	Zip Code:
Phone:	Fax:	

<input type="checkbox"/> Replace with new instruments if any of my instruments cannot be retipped due to a crack or one-body construction.	<input type="checkbox"/> Do not replace with new instruments if any of my instruments cannot be retipped. Just return them to me.
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QTY	<i>Instrument Name</i> <small>You are sending in or purchasing... (i.e., GR(Gracey)1/2, H6/H7, COL(Columbia)13/14, BH(Bamhart) 5/6, Kirkland 15K/16K, Probe CP12 Exp5, Elevator, Scissors etc..)</small>	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	<i>Extended Amount</i> <small>(per end price) X (# of tips)</small> **Leave them blank if you are not sure.
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<input type="checkbox"/> Check Enclosed (Payable to US Diamond Dental, LLC.)	Subtotal:
<input type="checkbox"/> Pay with Credit Card On File (same credit card used last time) <input type="checkbox"/> Pay with Credit Card (VISA and Master Card Only) Please write legibly.	7% Sales Tax (GA):
	Shipping & Handling: 1-2 lbs: \$10.50 2-10 lbs: \$17.15 >10 lbs & up: \$23.00 (Hawaii & AK : actual shipping plus \$2.00)
	TOTAL:

Name on Credit Card	Credit Card Number &	CVV code	Exp. (MM/YY)
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Billing Address on Credit Card (if Different from above) _____

* For safe handling, use only strong corrugated boxes for shipping instructions. Additional order form available at:
 Specific Requests

www.retipping.com