



# Repair / Order Form

As of February 1st, 2010



PLEASE PRINT CLEARLY

DATE: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

By providing your fax number you are granting Tony Riso Company permission to contact you regarding promotions.  
By providing your e-mail address you are granting Tony Riso Company permission to contact you regarding promotions.  
 I do not wish to receive promotions through e-mail or fax.

**INSERT REPAIR: Type of tip required:**

FREQUENCY REQUIRED: 25K 30K TOTAL # OF INSERTS

P-style equals external water flow / IF-style equals internal water flow

- |                                   |                                      |                                      |
|-----------------------------------|--------------------------------------|--------------------------------------|
| ____ x P-50 (standard universal)  | ____ x IF-50 (plastic grip/standard) | ____ x P-1000 (perio universal)      |
| ____ x P-100 (perio universal)    | ____ x IF-100 (plastic grip/perio)   | ____ x P-1000R (right perio curve)   |
| ____ x P-100R (right perio curve) | ____ x IF-100 (right perio curve)    | ____ x P-1000L (left perio curve)    |
| ____ x P-100L (left perio curve)  | ____ x IF-100 (left perio curve)     |                                      |
| ____ x P-5 (beaver tail)          | ____ x IF-5 (beaver tail)            | ____ x TIS (titanium implant scaler) |
| ____ x C/J (nozzle)               |                                      | ____ x TIS (implant scaler tips)     |
| ____ x P/J (nozzle)               | ____ x DD LED Insert                 | ____ x H-F Swivel Insert             |

**NEW INSERT ORDER:** Specify quantity and type required \_\_\_\_\_

**CUSTOM INSERT ORDER:** Specify needs: \_\_\_\_\_

**NEW MODEL 25/30 ULTRASONIC UNIT ORDER:** Units required and comments \_\_\_\_\_

**UNIT REPAIR:** Model \_\_\_\_\_ Serial # \_\_\_\_\_

*An insert should be sent along with the unit and all accessories sent with the unit must be listed.*

Nature of problem: \_\_\_\_\_

**I agree to pay total amount due according to card issuer agreement.**

**Authorized Signature** \_\_\_\_\_

**Payment Options**     Check     Visa     MasterCard     Discover

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVN # \_\_\_\_\_

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