

**Service order**

Filled out by Accesia



(YEAR-MONTH-DAY)

Arrival date: \_\_\_\_\_

Service order: \_\_\_\_\_

Fill out the information, print the document and send it together with your instrument to us.  
 Use the postal insurance if you want your shipment to be insured.  
 Pack the instrument thoroughly to avoid damage from shipping  
 If the bur keeps loosening, you should also send the bur as well  
 We will only handle clean handpieces, so make sure it is cleaned before sending it to us

**Send to:**  
**Accesia AB Söndrumsvägen 35, 302 37 Halmstad, Sweden**

Manufacture/Serial.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Your ref: \_\_\_\_\_

**Problem**

- |  |   |                                       |                                      |
|--|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> No rotation     | <input type="checkbox"/> Water leakage        | <input type="checkbox"/> Bad impact   | <input type="checkbox"/> Bur loosens |
| <input type="checkbox"/> Low revolutions | <input type="checkbox"/> High heat generation | <input type="checkbox"/> Bur vibrates | <input type="checkbox"/> Bur stuck   |
| <input type="checkbox"/> Bad/No spray    | <input type="checkbox"/> Bad/No water         | <input type="checkbox"/> Bad/No light | <input type="checkbox"/> Sounds bad  |

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Service done: \_\_\_\_\_ Signature: \_\_\_\_\_

Measures: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_