

Ingenuity and Engineering from



**tony riso**

COMPANY

**Repair/Order Form**

10873 NW 52 Street # 4 Sunrise, FL 33351 –  
(954) 998 7373 – (954) 235 3738 -

Toll Free 877-373-6689 - Fax: (954) 281-4687

[www.tonyriso.com](http://www.tonyriso.com)  
[Softdentalgrips.com](http://Softdentalgrips.com)

Date: \_\_\_\_\_

**Payment Options**

Check     Visa     MasterCard     Discover

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

CVN # \_\_\_\_\_

**PLEASE PRINT CLEARLY**

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 NUMBER OF INSERTS:** \_\_\_\_\_

**P-style equals external water flow | IF-style equals internal water flow**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> x <b>P-50</b> (standard universal)  | <input type="checkbox"/> x <b>IF-100</b> (plastic grip/perio)   | <input type="checkbox"/> x <b>C/J</b> (nozzle)                  |
| <input type="checkbox"/> x <b>P-100</b> (perio universal)    | <input type="checkbox"/> x <b>IF-100</b> (right perio curve)    | <input type="checkbox"/> x <b>P/J</b> (nozzle)                  |
| <input type="checkbox"/> x <b>P-100R</b> (right perio curve) | <input type="checkbox"/> x <b>IF-100</b> (left perio curve)     |   |
| <input type="checkbox"/> x <b>P-100L</b> (left perio curve)  | <input type="checkbox"/> x <b>IF-50</b> (plastic grip/standard) | <input type="checkbox"/> x <b>TIS</b> (titanium implant scaler) |
|  |   | <input type="checkbox"/> x <b>TIS</b> (implant scaler tips)     |
| <input type="checkbox"/> x <b>P-5</b> (beaver tail)          | <input type="checkbox"/> x <b>IF-5</b> (beaver tail)            |   |

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

**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** \_\_\_\_\_

**PLEASE RETAIN ONE COPY FOR YOUR RECORDS.**

**Send your items by insured and traceable carrier. TRC cannot be held responsible for items not received.**