

Surgical Solutions USA

DON'T REPLACE - RENU™

877-266-3360 / 858-232-9271

E-mail : kyevilov@gmail.com

Fax: 303-291-3764

c/o Repair Department

SRN # _____ (must be filled out for processing)

7450 N Natchez Avenue

Niles, IL, 60714

- Please allow 2-3 weeks for delivery.

Name: _____

DDS

DMD

Address: _____

Phone: _____

Fax: _____

e-mail: _____



**PRIOR to sending instruments in to get revitalized,
please contact us to get a Service Request Number (SRN)**

Credit Card: VISA Master Card American Express Discover

Credit Card No. _____ Exp _____ Sec Code _____

Credit Card Billing Address: _____

City & State: _____ Zip: _____

Purchaser Signature: _____

PLEASE NOTE: Taxes, where applicable, will be added.

**We will need credit card authorization once we have estimated your re-sharpening fees.
Submit this completed form together with your instruments for rejuvenation.**