

Coastline Dental Repair – Service Request Form

Handpiece & Small Dental Equipment Repair

Phone/Voice/Text 352-426-2465, Fax 954-212-6106, info@macintercorporation.com

1. Practice Information

Dental Office Name: _____
Doctor / Contact Person: _____
Phone: _____
Email: _____
Office Address: _____
City: _____ **ZIP:** _____

2. Equipment Details

Type of Equipment (choose or specify):

- High-Speed Handpiece
- Low-Speed Handpiece
- Electric Handpiece
- Ultrasonic Scaler
- Curing Light
- Small Equipment (describe): _____
- Other: _____

Brand: _____
Model: _____
Serial Number (if applicable): _____

3. Description of the Problem

(Please provide as much detail as possible)

Common issues to check (optional):

- Low power
 - Overheating
 - Noise / Vibration
 - Not turning on
 - Air/water leak
 - Broken part
 - Intermittent functioning
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4. Media Upload (Recommended for Faster Diagnosis)

To help us understand the problem and anticipate parts needed,
please send a short video or photo of the equipment issue to:

 **Text / WhatsApp:** (352) 426-2465

 **Email:** info@macintercorporation.com

This allows us to give you a more accurate estimate before pickup or shipment.

5. Service Options

Please choose one:

- **Standard Service (3–5 days)**
- **Priority Service (24–48 hours)**
- **Subscription Client** (included same-day response)

Subscription clients receive priority repair, discounted prices, and free pickup.

6. Pickup or Delivery Preference

- Office Pickup (We will pick up the item)
- Drop-off at our location
- Ship to our service center

Preferred date/time: _____

7. Warranty Confirmation

All repairs include a **90-day warranty** on replaced parts and labor.
This warranty does not cover normal wear, misuse, or accidental damage.

- I agree to the Repair Terms & Warranty

Signature: _____ Date: _____