

REPAIR INVOICE

Service Center: [Business Name]
[Address Line 1]
[City, State, Zip]
[Phone / Email]

Invoice #: _____
Date: _____
Due Date: _____

Dental Clinic / Client:
[Contact Name]
[Clinic Name]
[Address]
[Phone Number]

EQUIPMENT DETAILS:

Tool Name/Type: _____ Brand/Model: _____
Serial Number: _____ Issue Reported: _____

Description of Service / Parts	Qty	Unit Price	Total
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Labor: Diagnostic & Electronic Calibration			

Subtotal: \$ _____

Tax: \$ _____
Shipping/Handling: \$ _____

Total Amount: \$ _____

Warranty: All electronic repairs carry a [Number]-day warranty on parts and labor.

Notes: Please make checks payable to [Business Name]. Late payments may incur a [Percentage]% monthly fee.