

Prime Dental Fault Return Form



Thank you for completing the below form with the correct details for us to process your fault report.

Date Date of purchase

Customer Name

Full delivery address

Mobile contact number

Practice where brush was purchased

Please mark the relevant faulty product below:	Tick to select	Serial Number:
Curaprox Hydrosonic Easy Toothbrush	<input type="checkbox"/>	<input type="text"/>
Curaprox Hydrosonic Black is White Toothbrush	<input type="checkbox"/>	<input type="text"/>
Curaprox Hydrosonic Pro Toothbrush	<input type="checkbox"/>	<input type="text"/>
Power Spa Waterpik	<input type="checkbox"/>	<input type="text"/>

Description of Fault

Signed