

Business Name: Dental Express Inc  
Name: Wael Shahshouh  
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City: Schaumburg  
State: IL  
Zip: 60193  
Phone: 8479244000  
Fax:  
Email: wael@dentalexpress.co  
Comments/Notes:

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Equipment: Handpiece Repair

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Item #	Quantity	Make	Model	S/N	Problem
1	1	BRASSELLER	FORZA F5	D5227570	WARRANTY (Estimate # 6064)
2	1	BRASSELLER	FORZA F5	D5227396	CHECK - NOT WORKING

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Tracking Code: 1Z65VV921208335687