Business Name: Dental Express Inc

Name: Wael Shahshouh

Address: 904 S. Roselle Rd. Unit 242

City: Schaumburg

State: IL Zip: 60193

Phone: 8479244000

Fax:

Email: wael@dentalexpress.co

Comments/Notes:

Equipment: Handpiece Repair

Item #	Quantity	Make	Model	S/N	Problem
1	1	SABLE	ROTAMAX II	RR38760	WARRANTY (Estimate # 6674)
2	1	MIDWEST	STYLUS 360S	3004285B	warranty (Estimate # 7063) WATER LEAKS FROM THE BODY. i SENT IT LAST TIME FOR WATER LEAK, AND CAME BACK STILL LEAKING.

Tracking Code: 1Z65VV921202857624