Business Name: Elevated Dental

Name: Justin Moses

Address: 2109 N Frontage Rd W Suite B

City: Vail State: CO Zip: 81657

Phone: 9704763991

Fax:

Email: cheryl@elevateddentalvail.com

Comments/Notes:

Equipment: Handpiece Repair

Item #	Quantity	Make	Model	S/N	Problem
1	1	Cavitron	Handpiece cord		No longer works, no ultrasonic

Tracking Code: 1Z65VV921232117233