

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	KAVO	LUX M25 L	2016-1006901	WARRANTY (Invoice # 8872)

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Tracking Code: 1Z65VV921220849331