

Business Name: Dental Express Inc  
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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	SABLE	ROTAMAX II	RR38752	Warranty ( Estimate # 7658)
2	1	SABLE	ROTAMAX II	RR41277	CHECK - NOT WORKING
3	1	SABLE	ROTAMAX II	RR41317	WARRANTY ( Estimate # 8149)
4	1	SABLE	ROTAMAX II	RR41270	CHECK - NOT WORKING

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Tracking Code: 1Z65VV921217036484