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	KAVO	LUX M25 L	/U/ I = IU5 / 3U/	2nd time warranty in less than 6 months Warranty ( Estimate # 7919)

Tracking Code: 1Z65VV921205379618