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	RR41270	Warranty (Estimate # 8329)
2	1	SABLE	ROTAMAX II	RR41099	Warranty (Estimate # 8462)
3	1	SABLE	ROTAMAX II	RR41277	Warranty (Estimate # 8329)
4	1	SABLE	ROTAMAX II	RR38752	Warranty (Estimate # 8329)

Tracking Code: 1Z65VV921235526545