Business Name: Phillips Dental Enterprises, LLC
Name: PETER PHILLIPS
Address: 235 APOLLO BEACH BLVD PMB 110
City: APOLLO BEACH
State: FL
Zip: 33572-2251
Phone: 8138107002
Fax:
Email: plphillips128@gmail.com
Comments/Notes:

Equipment: Handpiece Repair

Item #	Quantity	Make	Model	S/N	Problem
1	1	KAVO	MASTERmatic Lux M25L	2023-1094068	Warranty Need evaluation and repair estimate
2	1	Kavo	Mastermatic LUX M25L	2023-1094374	Not spinning

Tracking Code: 1Z65VV920304717511