



Broken Screw Extractor Order Form

Dear Customers,

In order to meet your request and for quality assurance purposes, please complete the form below. Orders will only be fulfilled upon the completion of this form.

Thank you for your cooperation.

Implant Information

Implant Manufacturer _____

Implant Name _____

Implant Diameter _____

Hex (Internal/External) _____

Customer Information

Dentist/Laboratory _____

Address _____

State _____ Zip Code _____ Tel. _____

Fax _____ Email _____

Authorized Signature _____

****For Special Orders, please allow 3 - 5 weeks for manufacturing and delivery from Italy.****

Please Fax completed form to Rhein83 USA - Fax. 914-633-6363