



HYGIENE SHARP

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Dental Instrument Sharpening Services

Work Order: Mail-In

DATE: _____

CLIENT INFORMATION

Office Name:

Contact Person:

Address:

City:

State: CA

Zip Code:

Phone:

Email:

Hygiene tips (\$2.50/tip)

QTY:

Explorer tips (\$2.00/tip)

QTY:

TOTAL

Office Use Only:

Received:

Rejected:

Serviced:

Returned:

Comments: