



Dental Practice – Request for Services

(Please print clearly)

Ontario Waste Generator Number \_\_\_\_\_

Name of Practice \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Would you like invoices delivered by E-Mail  or Fax

Business Hours: Mon \_\_\_\_\_ Tue \_\_\_\_\_

Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_

**Please specify a quantity for pickup and/or a quantity of new container(s) for delivery**

\* For each full Non-Greenflow container picked up, we will charge the applicable fee

	Qty's for pick up	Qty's of empties or replacements needed
• Fixer ( x-ray solution)	_____	_____
• Developer (x-ray solution)	_____	_____
• Lead Foil / Vests	_____	_____
• Sharps Container (indicate size)	_____	_____
	5L 25L 1.4L	5L 25L 1.4L
• Non-Contact Amalgam	_____	_____
• Evac-u-traps 8 per case	_____	_____
		indicate model # 2300   2350FS   2600
• SolmeteX Hg5 filter	_____	_____
• Shredding	_____	_____
• E-waste etc. _____		

**No charge, if picked up with the above items: Inkjet/Toner Cartridges | E-Waste | Batteries | X-ray**

**Please complete and fax to (905) 333-1306 or e-mail to disposal@greenflow.com**

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4151 Morris Drive, Units 2-6, Burlington, Ontario L7L 5L5  
Tel: (905)333-3004 Fax: (905)333-1306 email: disposal@greenflow.com