



Dental Practice – Request for Services Form

(Please print clearly)

Are you required to have an Ontario Waste Generator Number? Yes No

Name of Practice _____

Address _____

City _____ Postal Code _____

Primary Contact Name _____ E-Mail _____

** This contact will also receive our ServiceTrade digital paperwork by e-mail.

Office Telephone (____) _____

Our invoices are delivered by e-mail, please provide the e-mail address where we will send invoices: _____

Business Hours: Mon _____ Tue _____

Wed _____ Thu _____ Fri _____

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

* For each full Non-Greenflow container picked up, we will charge the applicable fee, see our brochure for pricing.

| | Qty. for pick up | Qty. of empties needed |
|------------------------------------|------------------|------------------------|
| • Fixer (x-ray solution) | _____ | _____ |
| • Developer (x-ray solution) | _____ | _____ |
| • Lead Foil / Vests | _____ | _____ |
| • Sharps Container (indicate size) | _____ | _____ |
| | 5L 25L 1.5L | 5L 25L 1.5L |
| • Non-Contact Amalgam | _____ | _____ |
| • Evac-u-traps | _____ | _____ |
| • SolmeteX Hg5 filter | _____ | _____ |
| • Shredding | _____ | _____ |
| • E-waste etc. | _____ | _____ |

No disposal charge to recycle inkjet/toner cartridges | e-waste | batteries | x-ray
However, our transportation and recovery fee still applies if that is all we are called to pick up

Please complete and e-mail to disposal@greenflow.com