

FROM \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL    PERMIT NO. 107000    REDWOOD CITY, CA

POSTAGE WILL BE PAID BY ADDRESSEE

  
**THE HANDPIECE SURGEON**  
**67 MURRAY CT.**  
**REDWOOD CITY CA 94061-9807**

NO POSTAGE  
 NECESSARY  
 IF MAILED  
 IN THE  
 UNITED STATES



Print this page and cut out the label. Securely attach the label to the package and mail. Be sure to enclose a completed Service Request Form.

NOTE: If you wish to insure your package, be sure to purchase insurance from the post office when mailing. *The **Handpiece** Surgeon* is not responsible for shipments which are lost or damaged.