

ON POINT

INSTRUMENT SHARPENING, LLC



April Libengood, RDH

Shipping address:

P.O. Box 257
New Derry, Pa 15671

Cell Phone: 724-689-3600 call/text

E-Mail: Onpointinstrumentsharpening@gmail.com

Order Form & Service Agreement

At On Point Instrument Sharpening most orders have a 1 day turn around time upon receipt of your order. Orders will be returned to you via USPS. If you prefer, I can use UPS as your return shipping method. The shipping cost will be added to your invoice. Contact me via phone to discuss shipping/pick up options. Invoices will be sent via e-mail and need to be paid upon receipt. If you would prefer that I sharpen at your office, a \$20.00 fuel charge will be added to the invoice. Please make check payable to: On Point Instrument Sharpening. Thank You.

Pricing:

\$4.00 per instrument

CHECK LIST:

- ✓ All instruments must be in a sterilized pouch or cassette BEFORE shipment- proof of sterilization must be present on the pouch.
- ✓ Prior to sharpening, count all instruments & fill out the information below.
- ✓ 20 instrument minimum. If another amount is needed, please contact me via the e-mail listed above so that arrangements may be made.
- ✓ **Sign and date below**, place with instruments.

TOTAL # OF INSTRUMENTS: _____

On Point Instrument Sharpening, LLC is not held responsible for previous damage to instruments, including but not limited to: re-tipping, over sharpening, incorrect sharpening, age, overuse of the instrument. On Point Instrument Sharpening, LLC will not sharpen instruments that have previous damage, or present patient safety concerns. Instruments that cannot be sharpened will be identified and labeled and no charge will be added. Instruments should be sterilized AFTER they are returned to your office. It is the office's responsibility to sterilize the instruments following the sharpening services according to Public Health & OSHA standards. Our protocol is to only sharpen. By signing this form, I agree to the terms and conditions outlined above by On Point Instrument Sharpening, LLC.

X: _____ Date: _____

Name of practice/Doctor (for invoice/billing): _____

Primary Contact: _____

E-mail (to send invoice to): _____

Phone Number: _____

Address: _____

Notes for On Point Instrument Sharpening: