

**Dental Practice – Request for Services**

(Please print clearly)

Name of Dental 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 Non-Greenflow container picked up, we will charge the applicable fee

	<b>Full for pick up</b>	<b>Empties or replacements needed</b>
• Fixer ( x-ray solution)	_____	_____
• Developer (x-ray solution)	_____	_____
• Fix. /Dev. Mix (x-ray solution)	_____	_____
• Lead Foil / Vests	_____	_____
• 5 L Sharp Container	_____	_____
• 25 L Sharp Pail	_____	_____
• Amalgam	_____	_____
• Evac-u-traps 8 per case	_____	_____
• SolmeteX Hg5 filter	_____	_____
• Other _____	_____	_____

choose a model # 2300 | 2350FS | 2600

**Free when picked up with a scheduled pick up:  
 Inkjet/Toner Cartridges | E-Waste | Batteries | X-ray**

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