



LUXE EDGE

SHARPER TOOLS • SUPERIOR CARE

Instrument Sharpening Service Form

Please complete this form and include it with your instruments when sending them to be sharpened.

Practice Name and Address: _____

Contact Name: _____

Contact Phone Number: _____

Email Address: _____

Please select how your instruments will be delivered and returned:

- Next day shipping (shipping costs paid by customer)
- Two-day shipping (shipping costs paid by customer)
- No-rush shipping (shipping costs paid by customer)
- Self drop-off/pick-up
- Luxe Edge pick-up/drop-off for Weber and Davis Counties (travel fee)

Acknowledgement

- I confirm that all instruments submitted have been **properly sterilized and sealed in sterilization pouches** in accordance with Luxe Edge service requirements.
- I have **read the Luxe Edge Service Agreement** prior to submitting instruments
- I give Luxe Edge authorization to perform the sharpening services submitted below

Signature: _____

Printed Name: _____

Date: _____

