

# About Our Service:

**Turnaround Time:** Once your instruments arrive at our facility, processing time is typically 7-10 business days. (Peak times and holidays can effect this)

**Please note: this does not include shipping time to or from our facility.**

- Should you require expedited service, we will do everything we can to meet your demands.
- 2 day or overnight return via express shipping is available upon request.
- We do not suggest that you send us all of your instruments at one time. So that you are never without, we suggest the regular rotation of a number of your kits.
- Instruments beyond repair? Simply request information about our full line of quality U.S.A. made dental & surgical hand & hinged instruments.
  - Custom modification of your instruments is available to your specifications at a nominal charge.
- Trade in your old instruments for 20% off new instrument prices.

Additional Questions?

Give us a call! Ph: 815-568-0900

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# SHIPPING DIRECTIONS:

**Print and Cut:** Print the mailing label from this sheet and carefully cut it out.

**Fill Out Label:** Complete the Return Address portion of the label with your name and address details.


(Please enclose your card if possible)

**Pack and Pad:** Place your instruments in a sturdy box, padding them carefully with packing material like crushed paper.

**Seal and Label:** Securely seal all seams and edges of the box with tape. Tape your completed return mailing label firmly to the outside of the package.

**Ship via USPS:** Hand the box to your USPS mail carrier or drop it off at your local USPS facility.

Please ensure all instruments are sterilized before shipping.

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES	
<b>PRIORITY MAIL</b>	
<b>MERCHANDISE RETURN LABEL</b> PERMIT NO.1 MARENGO, IL 60152 PARAGON SURGICAL 21106 RIVER RD	
<b>POSTAGE DUE UNIT</b> US POSTAGE SERVICE 223 E GRANT HWY MARENGO, IL 60152-9998	
FROM:	_____
ACCEPTANCE POST OFFICE COMPUTE POSTAGE DUE	_____
POSTAGE	_____
MERCHANDISE RETURN FEE	_____
*INSURANCE FEE (IF ANY)	_____
*SPECIAL HANDLING FEE (IF ANY)	_____
TOTAL POSTAGE AND FEES DUE \$	_____
<b>Attn: Repair Dept.</b>	