



The Hygienist Helper, LLC
 2013 Olde Regent Way, ste 150-171
 Leland, North Carolina 28451
 919-986-7018



*Instruments MUST be sterilized according to OSHA standards.
 Place in a sealed pouch that has a color indicator to prove the sterilization process was complete.
 Our protocol is to ONLY sharpen instruments that have been sterilized.*

****** PLEASE DO NOT SEND MORE THAN 50 INSTRUMENTS AT ONE TIME ******

- Price is \$2.00 per instrument end
- No charge for unsharpened instruments
- \$7.00 handling fee will be added to invoice
- Applicable sales tax is required depending on your location.
- Order form must be COMPLETELY filled out and placed inside the box.
- Instruments will be returned and a \$25.00 fee will apply if instruments are NOT sterilized properly.
- \$15.00 shipping charge will be applied to invoice for business deliveries via UPS GROUND. Residential shipping is subject to an increase in charges per UPS.
- Turnaround time 5-7 business days
- The Hygienist Helper, LLC is NOT responsible for broken instruments that are not packaged properly or instruments that are old, worn, thin, or broken in transit.

CHECK THE WEBSITE CALENDAR TO MAKE SURE WE ARE ACCEPTING INSTRUMENTS

Dental Office:	Date:
Shipping Address:	
Office Phone Number: ()	
Contact Name/# if needed after hours:	
E-mail address to send invoice:	
Invoice will be emailed when instruments ship	Tracking # will be attached to invoice

CHECK LIST

Do NOT send more than 50 instruments

Scalers-

Curettes-

Total Instruments-

- _____ *HAVE YOU CHECKED THE CALENDAR ON THE WEBSITE?*
- _____ Do you have 50 instruments or **LESS**?
- _____ Are instruments sterilized and bagged properly?
- _____ Is **order form & service agreement** filled out?
- _____ Is box filled w/ packing material & taped securely?

OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY
Scalers per end	Invoice #	Weight
Curettes per end	Discount	S/H
Returned no charge	Donation	Total

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The undersigned (“Customer”) hereby contracts with The Hygienist Helper, LLC (“HH”) to sharpen Customer’s dental instruments (“Services”) pursuant to the following terms and conditions:

Price: \$2.00 per end sharpened. Applicable sales tax will be applied. UPS Ground shipping is the primary transit for all orders unless the parties have agreed otherwise in writing. A flat rate of \$15.00 will apply for business shipping deliveries. Residential shipping charges are subject to change. A \$7.00 administration handling fee will be added. Shipping and handling fees will be paid by the customer and calculated on the invoice. Payment for Services is due within 15 business days or late fees may apply.

Timing: HH will attempt to return instruments in 5-7 business days. There will be an increase in turnaround time if instrument quantity exceeds 25. **DO NOT SEND MORE THAN 50 INSTRUMENTS AT ONE TME.** HH is not responsible for late or lost shipments due to global courier services (UPS, FEDEX, or USPS).

Packaging: Customer must ensure that instruments are **STERILIZED** according to OSHA regulations prior to shipment. HH protocol is to sharpen sterilized instruments **ONLY**. \$25.00 fee will apply if they are not sterilized. The instruments must be secured with ample packing material and placed in a puncture resistant box. Customer must include the completed order form and service agreement **INSIDE** the box. If instruments are not packaged properly HH is not responsible for damage.

Condition of Instruments: HH will not be held responsible for broken, worn, or thin instruments due to age or improper packaging. Instruments that are not sharpened will be identified and labeled. HH will not be held responsible if the customer chooses to use old, broken, thin, or worn instruments for patient care.

Independent Contractor Status: HH shall perform all Services hereunder as an independent contractor and not as Customer’s employee. Nothing contained in this agreement shall create a partnership between the parties.

Insurance: HH shall at all times carry the appropriate liability insurance for performance of the Services and shall make proof of coverage available upon request from Customer.

Indemnification: Each party agrees to indemnify the other party against any and all claims, losses and costs of any kind or nature (including reasonable attorneys’ fees) which arise out of any willful or negligent act or omission of the indemnifying party, or anyone acting on its behalf, that occurs in connection with this Agreement. This indemnification will survive the termination of this Agreement.

Termination: Either party may terminate this Agreement at any time. If HH is in possession of any instruments belonging to Customer at the time of termination, HH shall return the same as immediately as practicable, and Customer shall pay for all Services that have been rendered until the termination.

Effective Date: _____ **Dental Office Name:** _____

The Hygienist Helper, LLC **Print Manager/Owner:** _____

Manager: Casey Eubanks RDH **Signature Manager/Owner:** _____