

Please complete this form on your computer, print and sign,
and send it along with your instruments.

Name:	<input type="text"/>	Mollenhauer Recorder Clinic
Street:	<input type="text"/>	Weichselstraße 27
Postcode:	<input type="text"/>	36043 Fulda/Germany
City:	<input type="text"/>	Tel.: +49 (0) 6 61/94 67-33
Country:	<input type="text"/>	Fax: +49 (0) 6 61/94 67-36
Phone:	<input type="text"/>	clinic@mollenhauer.com
Email:	<input type="text"/>	www.mollenhauer.com
		Date: <input type="text"/>

Work required

Instrument:

Please carry out the following work on my instrument:

Please use your mouse to click the appropriate boxes.

While playing I have noticed the following:

Please fill in the box below ...

- Basic check
- Adjust response, sound and tuning
- Adjust tuning
- Hygiene check, cleaning and oiling
- Replacement of tenon cork and thread
- Silencing noisy keys
- Repair of keys
- Thumb bushing
- Glue Crack
- Strengthen crack (with decorative rings in artificial ivory)

Further requests (please complete)

Would you like an estimate of the cost before we undertake the work? (please select)

Please contact me by phone before carrying out repairs

I can be contacted during the day between

and

Date/signature

Tip: if you print two copies you will automatically have one for your own records.