

Name:	<input type="text"/>			Mollenhauer Recorder Clinic
Street:	<input type="text"/>			Weichselstraße 27
Postcode:	<input type="text"/>	City:	<input type="text"/>	36043 Fulda/Germany
Country:	<input type="text"/>	Phone:	<input type="text"/>	Tel.: +49 (0) 6 61/94 67-33
Email:	<input type="text"/>			Response time: 9:15 to 13:00
				clinic@mollenhauer.com
				www.mollenhauer.com
				Date: <input type="text"/>

Work required

Instrument:	<input type="text"/>	Copy of purchase invoice (proof of guarantee)
		Not available

Please carry out the following work on my instrument:
Please use your mouse to click the appropriate boxes.

Purchase date of your instrument:

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)

Attention please: If your address is not in the European Union, please click on the following link for the guide to the sending of goods subject to duty. [Read more ...](#)

Date/signature