

## Doll Hospital / Repair Request Form

Name:	
Return Mailing Address:	
City, State, Zip	
Home/Cell Phone:	
Work Phone:	
Email:	
Item/Doll Name/Type: (If there is an identifying number, please include - usually found on the back neck.)	
Describe Item:** (Height, Hair Color, Composition, Bisque, etc). (Also list what you are sending along with the item - clothing, accessories etc.)	
Description of Repair/Restoration - We quote all repairs before starting work. Payment due before work is started.	

Make a second copy for your records and cut out label for use in mailing your package and insert Repair Request portion with item. \*\* Wrap porcelain dolls very carefully in bubble wrap - wrap the arms, head and legs individually, then put extra bubble wrap around entire item. Use a heavy cardboard box for fragile items and mark FRAGILE on several sides of the box. Please purchase insurance on your package for the full value - we are not responsible for damaged items. If you would like an approximate value for insurance purposes - call us at 631-551-3518

From:

TO: R. Grudens - Doll Repair  
P.O. Box 344  
Stony Brook, NY 11790