

# APPLIANCE RETURN FORM

DR. / PRACTICE:	PATIENT NAME:
DATE OF RETURN:	DATE OF APPLIANCE FABRICATION:
<input type="checkbox"/> REPAIR <input type="checkbox"/> REMAKE	INCLUDE WITH RETURN: <input type="checkbox"/> ORIGINAL MODEL(S) (THAT APPLIANCE WAS FABRICATED ON) <input type="checkbox"/> APPLIANCE <input type="checkbox"/> NEW MODEL(S) / SCAN (IF APPLICABLE) <input type="checkbox"/> NEW RX
CONTACT (NAME + NUMBER):	

REASON FOR RETURN:

WARRANTY:

- LIFETIME WARRANTY ON MATERIAL DEFECTS OF ACRYLIC AND SOLDER JOINTS.
- ALL WIRES ARE WARRANTED FOR 90 DAYS.

GUARANTEES:

- ALL APPLIANCES ARE GUARANTEED TO FIT THE ORIGINAL MODEL ON WHICH IT WAS FABRICATED BEFORE ADJUSTMENTS ARE MADE.
- PLEASE RETURN APPLIANCE, ORIGINAL WORK MODEL/MODELS, AND THE BITE REGISTRATION (IF APPLICABLE) WITH AN EXPLANATION AS TO THE REASON FOR DISSATISFACTION OF UNHAPPY WITH THE FIT OF THE MODEL. UPON RECEIPT, THE PRODUCT WILL BE REVIEWED BY OUR TECHNICAL STAFF.
  - THE GUARANTEE IS VOID OF THE ORIGINAL WORK MODEL/MODELS (BITE REGISTRATION, IF APPLICABLE) ARE NOT RETURNED.