



Step 1 Provide information

Dentist Name (First/Last): _____
 Office Name: _____
 Patient Name (First/Last): _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____
 Fax: _____ E-Mail: _____

Step 2 Need a Phone Call?

Yes No (phone call may delay production time)

Step 3 Choose a Return Date

Date Needed: _____

Standard Turnaround Time from Date of Receiving

Repair/Reset	10 Business Days
Standard 1 Arch Partial Remake	12 Business Days
Endurance Framework (EF) Partial Remake	15 Business Days

If needed sooner, please contact us **PRIOR** to sending in case materials.
Rush service is not guaranteed due to capacity.

Step 4 Select Repair Types

Fracture Bite Reset
 Wing Add-Ons
 Hinge 1 Arch Partial Remake

Step 5 Check the Enclosed Items

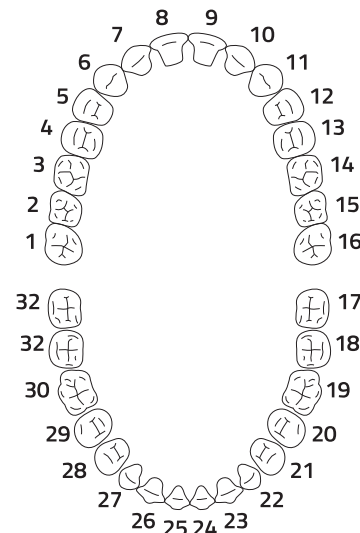
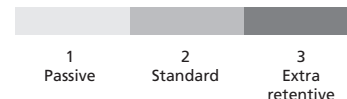
To ensure best results please send full case materials including impressions/models and a bite, in addition to the device in question.
Please fill out the checklist below and indicate quantity/color of the following:

Upper Impression _____
 Lower Impression _____
 Upper Model _____
 Lower Model _____
 Bite _____
 Appliance _____

DISCLAIMER: If the technician feels that the bite/impression and/or scans will lead to an ill fitting appliance, then he/she will contact the dental office and ask if they wish to proceed. If the Dentist wishes to still go ahead, then they are liable for the cost of a remake appliance - the laboratory is not liable. Please be sure to thoroughly disinfect and brush off any patient debris before returning device.

Step 6 Provide Special Instructions

[Retention Scale]
Please circle.



Signature: _____ License: _____ Date: _____