

Step 1 → **Fill In Your Information**

Dentist Name: _____ Office Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 E-Mail: _____ Fax: _____

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 a Customer Relations Team Member **PRIOR** to sending in case materials. Rush service is not guaranteed due to capacity.

Step 4 → **Fill In Patient Information**

Patient First Name: _____
 Patient Last Name: _____

Step 5 → **Select Repair Types**

- Fracture
- Wing
- Herbst Arms
- Bite Reset
- Add-Ons
- 1 Arch Partial Remake

Step 6 → **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:

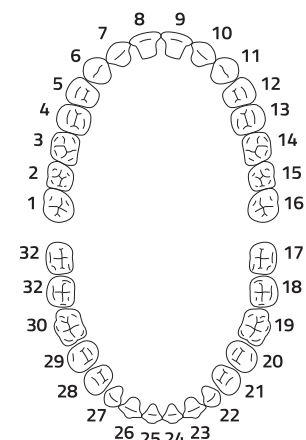
- Upper Impression _____
- Lower Impression _____
- Upper Model _____
- Lower Model _____
- Bite _____
- Appliance _____

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.

Step 7 → **Give Us Special Instructions**

[Retention Scale]
Please check.

1 2 3
passive standard extra retentive



Signature: _____ License: _____ Date: _____