



Return Authorization Form

Warranty: Universal Orthodontic Lab is only responsible for the custom fabrication of orthodontic appliances in accordance with instructions, specifications, and accurate impressions, models, or digital scans. We can only guarantee that our appliances fit the working models that our technicians used to fabricate the appliance. We do not provide warranties on appliances made from impressions, models or digital scans that are older than 45 days from the date of invoice.

Please complete form and fax to : 562-484-3633

Account Name: _____ Account No.: _____

Patient Name: _____
(First) (Last)

Street: _____

City: _____ State: _____ Zip: _____

Original Ship Date: ____ / ____ / ____ Original Case Code: _____

Reason for: Repair Remake

Main Contact Name: _____
(First) (Last)

Contact Phone No.: _____

Contact Email.: _____

Lab Use Only

Authorization No.: _____ Proof of Original Case: Yes No

Initial Check: _____

Final Check:
 Approved Denied By: _____

Technician Notes: _____

Q.C by: _____
Date: ____ / ____ / ____