



## Orthodontic 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 90 days from original ship date of appliance. Our warranty does not cover appliances made on 3D printed models not produced by us.

**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: \_\_\_\_\_

New Due Date: \_\_\_\_\_

### Lab Use Only

Authorization No.: \_\_\_\_\_ Date Received: \_\_\_\_\_ Proof of Original Case:  Yes  No

Initial Check: \_\_\_\_\_  
\_\_\_\_\_

Approved  Denied

Technician Notes: \_\_\_\_\_  
\_\_\_\_\_

Q.C by: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_