



Restorative Return Authorization Form

Warranty: Limited 5-year Warranty for zirconia, PFM, and lithium disilicate restorations: this will apply for restorations that crack, break, fall off, or come loose after being seated, or are unable to be seated due to defects caused by the lab. This warranty is active from the date the case is shipped from our lab to your office. The exceptions to the warranty include but are not limited to:

- If we report an impression that is inadequate, has defects, or fails to capture all necessary information but the dentist insists that we move forward with it.
- If the doctor refuses to allow necessary addition reduction to create enough space to meet the manufacturer's minimum thickness guideline for the restorative material.
- If we express concerns about the prep, draw, impressions, or restorative materials and those concerns are not addressed.
- If the patient decides after the crowns are seated that they are unhappy with the color or shape of the restorations.
- If the dentist requests a custom shade appointment for a shade adjustment that did not previously have one.

Please complete form and fax to : 562-484-3633 Email: crowns@uniortholab.com

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: X-Ray Images Physical Other: _____

Initial Check: _____

Approved Denied

Technician Notes: _____
