

FOR INTERNAL USE ONLY			
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FOR INTERNAL USE ONLY
REMAKE/REPAIR



PLEASE CALL - Phone #:

(Selecting call for consultation will delay production/turn-around time)

◆ Phone: (619) 724-6400 ◆ Fax: 619.724.6401 ◆ M-TH: 8am - 4pm P.S.T. F: 8am - 12pm P.S.T. ◆ 7859 El Cajon Blvd. La Mesa CA, 91942 ◆

◆ All rush cases require prior authorization; please call to confirm rush delivery ◆ For shipping labels, please visit: www.diamondorthoticlab.com ◆

◆ If your due date does not follow the production calendar, changes will be made and updated **only** to Diamond's Client Portal . Please click **SUBMIT** to send this form electronically ◆

DENTIST INFORMATION: Practice Name:			
Doctor:	FIRST	LAST	* License #:
Phone:	- -	Fax:	Email:
Address: (If different than address on account form)			
City:	State/Province:	Zipcode:	Country:

PATIENT NAME:	FIRST	LAST
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Remake	Redesign	Reline	Repair	New items for existing case (i.e. new bite, new models)
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Is this the patient's 1st remake? **Yes** **No** *If no, please list reason for 1st remake:*

Please select how you will be sending records for this patient- this ensures the proper records are paired with this form.

Please use previous scans on file (no change to patient records)

PHYSICAL RECORDS



Stone Models



PVS Impressions



Bite Registration

DIGITAL RECORDS



ALL OTHER SCANNERS

(upload .STL files to this form below)

REMAKE/REPAIR FORM



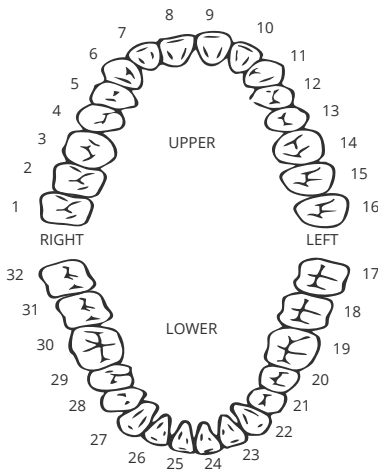
DEVICE INFORMATION

Device Name:	Attachments:
Date device was received from lab:	Date device was delivered to patient:

REASON FOR REMAKE REQUEST:

Fit/Retention of Device	Design of device(s)	Occlusal Discrepancy	Broken Device	Lost Device
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Please explain the nature of the defect (reason for remake/repair/reline) with as many details as possible



APPROVAL REQUIRED

- Diamond will not proceed with rework request until outcome/cost of case is reviewed by client

Expected outcome of remake/repair:

- No Charge (Warranty Claim)
- \$100 Warranty Reprint (Reprint Claim)
- Courtesy 25% off (Diamond Claim)

DENTIST SIGNATURE:
F9E1 #F98 'c d'c Wgg V8yY

Requested DUE DATE:

By signing this form, you agree to the terms and policies listed on the third page and accept sole responsibility for payment which includes any legal and collection costs/fees in the event of suit for non-payment. The prescribing doctors signature will authorize Diamond Orthotic Laboratory to fabricate, alter or repair the device described on this prescription form. Final invoices are available on Diamond's Client Portal once the case is completed and shipped.

DIAMOND EVALUATION (FOR INTERNAL USE ONLY)

Warranty Approved

- | | |
|------------------|-------------|
| Warranty Reprint | Remake |
| Occlusal Reline | Redesign |
| Simple Repair | Refabricate |
| Standard Repair | |

Warranty Denied- 25% off

- Distorted records: impressions/models/scans
- Incorrect items selected on Rx/Order form
- Devices/records not returned for evaluation
- Design change