



# APPLIANCE RETURN FORM

Dr. / Practice	Patient Name
Date of Return	Date of Appliance Fabrication
<input type="checkbox"/> Repair <input type="checkbox"/> Credit <input type="checkbox"/> Remake	Please Include: <input type="checkbox"/> Original Model(s) (THAT APPLIANCE WAS FABRICATED ON) <input type="checkbox"/> Appliance <input type="checkbox"/> New Model(s) / Scan (IF APPLICABLE) <input type="checkbox"/> New RX (IF APPLICABLE)
Contact (name and number)	

Reason for Return

## WARRANTY

All wires and expansion screws warranted for 90 days.  
6 months warranty on defects of acrylic and solder joints  
3 month warranty on invisible retainers and nightguards  
(Does not include breakage due to patient negligence.)

## REMAKES/GUARANTEES

When requesting a remake/guarantee, note a reason for the remake along with the original appliance. If appliance is not available at the time please return it as soon as possible with original model(s) to be reviewed by our management team for credit. Appliances are guaranteed to fit the original model on which it was fabricated before adjustments are made.  
\*Guarantee is void if original model(s) are not returned.

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