Special Instructions

DENTSPLY OrthoLab™
orthodontic laboratory services

Dr. _____ Telephone _____ Fax _____

Practice Name _____ Email _____

Street Address _____ **Account Number** _____

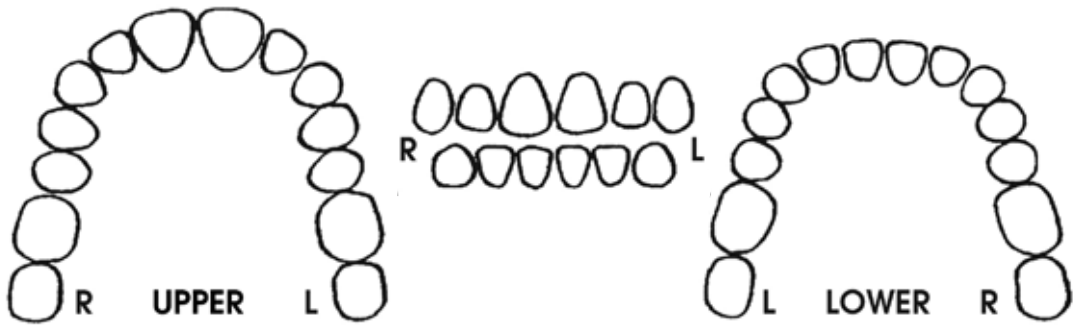
City/State/Zip _____

Our commitment is to provide you with the highest quality, most precise fitting appliances available. We understand that treatment philosophies vary and often doctors develop their own unique appliance designs to fit their specific needs. In an effort to accommodate your special designs, please provide us with your input regarding any "Special Instructions" that we should follow on a regular basis. This includes but is not limited to: Set-Ups, Wires, Clasps, Trimming, Archwire Tubes, etc.

The instructions you provide will remain in a permanent file that will follow every case you send, until you instruct us to do otherwise. Feel free to make copies of this form for submitting additional appliance designs.

Please follow these instructions for every case:

Appliance Type _____ **Date** _____



2525 Three Mile Road • Racine, WI 53404 • 1.855.9.ORTHOLAB (1.855.967.8465) • raintree.ortholab@dentsply.com

Appliance Warranty: All of our appliances carry a 90-day warranty against defects in material or workmanship. If you encounter a problem, please return the appliance, original construction model(s), setup and wax bite (if applicable), along with a current model(s). Appliances will be repaired or replaced at the discretion of the laboratory. This warranty does not cover patient abuse or lost appliances. Use of names does not imply endorsements.

DENTSPLY RAINTREE ESSIX

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