

Important - Retain Models

PLEASE RETAIN THE ENCLOSED MODELS until the appliance has been delivered and meets your satisfaction. If you experience a problem with the fit/performance of this custom made appliance, please **RETURN ALL** of the following:

1. Original models
2. New scan or new models
3. Original appliance*
4. New Rx form
5. Completed form on reverse side

* Original appliance needed to complete evaluation by AOA.

AOA



(over)

Patient Name _____

Order Number (found on invoice) _____

Original Impression Date: _____

Original Try In/Insertion Date: _____

What impression method was used * Scanner PVS Alginate

Do you believe the Rx was followed to the best of your knowledge? Yes No

Did the appliance appear to fit the original returned model? Yes No

Reason for Return: Wrong design Did not fit Product broke or defective

If it did not fit, please indicate your assessment as to why? _____

If original appliance is not included, please indicate as to why? _____

If broken or defective, do you believe that patient abuse was a factor? Yes No

Were there any chair side modifications/adjustments made to the design? Yes No

* ***Great appliances start with great impressions. Please make sure to follow original manufacturer's instructions for best accuracy.
For tips go to aoaaccess.com/downloads.***