

RETURN FORM

The Johns Dental Lab RETURN FORM does not express nor imply that fees will or will not be incurred. The purpose of this form is to ensure that your request will be properly addressed and evaluated by a Johns Dental Lab Representative.

Johns Dental Lab accepts repair requests on products fabricated by a different laboratory; however, the warranty policy will not apply to these products, and they will not be covered under a warranty. We are unable to repair medical devices originally manufactured by another facility. Please contact the lab for a quote and further details.

INVOICE #

ACCOUNT ID

DOCTOR NAME

OFFICE ADDRESS

OFFICE EMAIL ADDRESS

OFFICE PHONE NUMBER

CITY

STATE

ZIP CODE

DUE DATE

PT APPT

PATIENT'S FIRST NAME

PATIENT'S LAST NAME

AGE

DATE OF BIRTH

****IMPORTANT:**

The **ORIGINAL** materials (appliances/prosthetics/medical devices ["products"], working models, and bites) **MUST** be included for **ALL** repair, remake, or credit requests. If a product has been worn by a patient for any given amount of time, the product is considered a biohazard and **MUST** be properly disinfected.

REQUESTING:

- ☐ Repair
☐ Remake
☐ Credit

ITEMS THAT MUST BE SENT TO JOHNS DENTAL LAB FOR RETURN REQUEST:

- ☐ Original Construction Bite** ☐ Original Product** ☐ Original Working/Model(s)**
☐ New Physical or Digital Construction Bite & Models (When Requesting Repair or Remake)

DETAILED EXPLANATION FOR RETURN REQUEST (i.e., how the product broke or where the product is not fitting):

LAB USE ONLY

JOHNS DENTAL LAB WARRANTY:

WHAT IS COVERED BY WARRANTY: All custom-made appliances/prosthetics/medical devices ("products") will fit the working models provided for their construction upon delivery to patient. Most products are covered at minimum for 90 days from the date shipped; however, some products have an extended warranty. Please contact the lab for further details.

WHAT IS NOT COVERED BY WARRANTY: Acrylic fracture (due to clenching, bruxing, grinding, etc.), non-compliance (patient chooses not to follow the prescribed treatment protocol, dislikes or is intolerant to prescribed appliances, etc.), patient abuse (accident, neglect, appliance loss, improper hygiene, etc.), delamination of hard/soft material, changes in the dentition (loss or removal of teeth, restorations, failure of supportive tooth or tissue structures, etc.), improper insertion or removal of appliance, improper adjustment of appliance, concerns expressed to doctor (regarding impressions, models, appliance materials [acrylic, nickel, etc.]), incidental or consequential damages or costs (due to patient canceling treatment, lost wages, chair time, pain and suffering), changing or resetting bites, partial or complete fabrication by any laboratory other than Johns Dental Lab, taxes, regulatory compliance fees, model pour-up or model printing fees, normal wear and tear, and expedited production and shipping shipping costs.

☐ S.I.

☐ **ADDITIONAL
INSTRUCTIONS ON
REVERSE**

SIGNATURE

*NOTE: By signing here you are agreeing to our terms and conditions (see reverse).

LICENSE NUMBER

BEFORE SUBMITTING TO LAB:

- ☐ **ORIGINAL PRODUCT:** Before making major adjustments, contact the lab to discuss the issues you are experiencing before proceeding.
- ☐ **SIGNED PRESCRIPTION:** All appropriate sections are completed.
- ☐ **IMPRESSIONS, MODELS, OR DIGITAL SCANS:** Take the time to provide us with accurate impressions, models, or digital scans. Be sure to capture all the dentition and soft tissue areas (vestibule, palate, sublingual area, etc.) that are required for proper appliance fabrication. Trim stone models as small as possible prior to shipping.
- ☐ **ACCURATE CONSTRUCTION BITE:** Include for all cases where acrylic occlusal coverage or mandibular repositioning is required.
- ☐ **PACKAGING:** A Sturdy cardboard box (provided upon request) is required. Fill the box completely with packing material (foam, etc.). Wrap stone models carefully and individually.
- ☐ **DIGITAL RECORDS:** If applicable, send digital patient files to motion@johnsdental.com

LAB USE ONLY!		LAB USE ONLY!	
RECEIVING	<input type="checkbox"/> Upper Model _____	SHIPPING	<input type="checkbox"/> Upper Model _____
	<input type="checkbox"/> Lower Model _____		<input type="checkbox"/> Lower Model _____
	<input type="checkbox"/> Bite _____		<input type="checkbox"/> Bite _____
	<input type="checkbox"/> Impression Trays _____		<input type="checkbox"/> Impression Trays _____
	<input type="checkbox"/> Original Product _____		<input type="checkbox"/> Original Product _____
	<input type="checkbox"/> Articulator _____		<input type="checkbox"/> Articulator _____
	<input type="checkbox"/> Dr's Band _____		<input type="checkbox"/> Dr's Band _____
	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____
INITIAL _____		INITIAL _____	

TERMS AND CONDITIONS

LABORATORY PRODUCTS

TERMS:

Accounts are due and payable upon receipt of monthly statements. All amounts not paid by the 23rd day of the month following the statement date are subject to a service charge on the unpaid balance at the rate of 2% per month (24% annum). Accounts not paid within these credit terms will be subject to C.O.D. status. The client pays, in full, the stated price of the goods, plus any service charges, pull all costs of collection including attorneys' fees, co-costs, and other reasonable expenses.

LIABILITY RELEASE STATEMENT:

Johns Dental Lab provides appliances, prosthetics, and laboratory services as prescribed by a licensed Dental Practitioner. We can assume no responsibility for techniques used and their use and/or misuse by the prescribing doctor, staff, or their patients.

PRODUCT WARRANTY AND CONDITIONS:

Our ability to provide a quality product begins with YOU. Please take the time to provide us with accurate impressions, models, or digital scans along with a construction bite. Although we pride ourselves in our craftsmanship, our products are only as good as the records provided for their fabrication.

Johns Dental Lab is responsible only for the custom fabrication of dental appliances and prosthetics in accordance with provided specifications. We can only guarantee that our custom-made products will fit the working models that were used for their construction.

WHAT IS COVERED BY WARRANTY:

All custom-made products will fit the working models provided for their construction upon delivery to the patient. Most products are covered at minimum for 90 days from the date shipped; however, some products have an extended warranty. Please contact the lab for further details.

WHAT IS NOT COVERED BY WARRANTY:

- Acrylic fracture (due to clenching, bruxing, grinding, etc.)
- Non-compliance (patient chooses not to follow the prescribed treatment protocol, dislikes or is intolerant to prescribed product, etc.)
- Patient abuse (accident, neglect, appliance loss, improper hygiene, etc.)
- Delamination of hard/soft material
- Changes in the dentition (loss or removal of teeth, restorations, failure of supportive tooth or tissue structures, etc.)
- Improper insertion or removal of product
- Improper adjustment of product
- Concerns expressed to doctor (regarding impressions, models, digital scans, bite registration, questionable indications, and authorization for product fabrication)

- Allergic reaction to appliance materials (acrylic, nickel, etc.)
- Incidental or consequential damages or costs (due to patient canceling treatment, lost wages, chair time, pain, and suffering)
- Changing or resetting bites
- Taxes, regulatory compliance fees, model pour-up or model printing fees.
- Normal wear and tear
- Expedited production or shipping costs

PRODUCT REMAKE REQUESTS:

While Johns Dental Lab understands that many patients depend upon their appliances and prosthetics for improved and continued health, requests for a total remake - while the patient continues to use the current product - should be neither expected by the dentist nor promised to the patient.

IF A PRODUCT DOES NOT FIT YOUR PATIENT:

1. Download, print and fill-out the Johns Dental Lab RETURN FORM found at www.johnsdental.com/RETURN
2. Send new impressions, models, or digital scans along with a new bite registration.
3. Return the product that needs to be remade/repaired along with the original working models used in its fabrication. These models were returned to you with the original shipment of the product.
4. If the returned product does not fit the original working models, Johns Dental Lab will review your case and determine if your case is eligible for a NO CHARGE adjustment or remake of the same product on your new models.
5. If the product does not fit the patient but does fit the returned original working models, Johns Dental Lab will fabricate a new product and charges will be incurred at our usual and customary fees.
6. Please provide new models if the models are older than 30 days for deciduous teeth and 60 days for permanent dentition.

PLEASE NOTE:

Many products are fabricated from stainless steel, nickel titanium and acrylic. Stainless steel contains small amounts of nickel and chromium. Nickel titanium contains nickel. Acrylic is processed with methyl methacrylate. A small number of the population is known to be allergic to these materials. Should an allergic reaction occur, advise the patient to consult a physician.

NOTES: