

# Return Form



Office Name

Doctor Name

Patient Full Name or Case ID

What is the reason for returning the case? \_\_\_\_\_

Please list all items being returned: \_\_\_\_\_

Has there been a second attempt to remake the case?\*

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

Is a remake being requested at this time?\*\*

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Are you seeking a credit?\*\*\*

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

How would you like to be notified about the credit decision? (provide phone number and/or email below)

Please add any additional comments or concerns: \_\_\_\_\_

Name

Date

Signature



**Please complete the Return Form and attach it to the lab Rx slip only if you are requesting a remake simultaneously.**

\* According to DDS Lab's remake policy, a second remake attempt is necessary before the lab considers the issuance of credit for a case.

\*\* Please submit a new Rx for a remake request.

\*\*\* Credit requests undergo initial review by DDS Lab. Requesting a credit doesn't ensure approval.