

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

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

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

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 DDL 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 DDL Lab. Requesting a credit doesn't ensure approval.

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