3DL DYNAMIC DIGITAL DENTAL LAB
your digital dentistry experts

Remake Request

REMOVABLE PROSTHETICS · ALL FIELDS REQUIRED

CASE INFORMATION

Doctor Name _____

Practice Name _____

Patient Name _____

Previous Case # _____

Please return the prosthesis and models with this slip. If the fit or bite has changed, include a new impression or scan and a new bite. List all items included in the package.

REMAKE REASON

- ☐ Does Not Seat
- ☐ Loose — No Retention
- ☐ Too Tight
- ☐ Sore Spots
- ☐ Bite High
- ☐ Bite Open
- ☐ Other (specify below)
- ☐ Clasp Does Not Fit
- ☐ Clasp Broken
- ☐ Fracture — Repair Needed
- ☐ Wrong Tooth Shade
- ☐ Wrong Base Shade
- ☐ Tooth Arrangement
- ☐ Flange Over-Extended

NOTES & ITEMS INCLUDED

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