



Return for Credit

Please include this form with the return of your unaltered restoration(s) for credit.
Credit will be issued to your Ivoclar Vivadent account.

For the most accurate analysis of your returned unit, please email a photo of the unit(s) on the die(s) to remake@wielandprecisiontechnology.com.

A return shipping label will be provided.

Visit www.wielandprecisiontechnology.com to review the remake policy or call Wieland Customer Service at 888-934-2336 (US) / 877-934-2336 (Canada) for assistance.

Ivoclar Vivadent Account Number: _____

Laboratory Name: _____

Contact Person: _____ Telephone Number: _____

Original IVT Case Number: _____ Date Original Case Received: _____

Reason for Return (received fractured, improper fit, wrong shade, incomplete milling, etc): _____

INTERNAL USE ONLY

	Initials
Date received by IVT: _____	_____
Restoration altered: _____	_____
Fabricated in shade requested: _____	_____
Quality control (chipped/ fractured): _____	_____
Dissatisfied with design (Design approval completed?): _____	_____
Model (altered): _____	_____
Improper Fit:	
IVT provided scan and/or design service: _____	_____
Review of design parameters: _____	_____
Review of mill parameters: _____	_____
Review of sintering furnace: _____	_____
Review of CAM: _____	_____
Department manager reviewed: _____	_____
Credit amount and issue date: _____	_____