SERVICE REQUEST FORM

REWORKS, WARRANTY CLAIMS, RELINES

Oventus Pty Ltd,
1 Swann Road, Indooroopilly,
QLD 4068
Phone: 1300 533 159 or
email: customercare@oventus.com.au

Patient name	
Date of birth	
Clinician name	
Clinician signature	
Practice name	
Date of request	

Oventus use only:

Device number:

On hold: (reason)

Released by: ***Date:***

Please note that accurate impressions and bite registration is required. Impressions with drag marks and short retention cannot be used for insert fabrication as this will impact on the retention. Service will be placed on hold if impressions are not of a suitable quality or if the bite registration does not have the required 5mm clearance. New impressions will be requested and orders placed on hold until new impressions or bite registration is received.
Please allow 10 days for return of device.

Contents *(please tick)*

☐ O_2Vent Mono device
☐ O_2Vent T device
☐ O_2Vent W device
☐ Bite registration (5mm vertical clearance)
☐ Jaw position: _____% max advancement
☐ Upper arch PVS impression – facial midline marked: Y / N
☐ Lower arch PVS impression
☐ Models
☐ Bruxism: ☐ mild ☐ moderate ☐ severe
☐ Other: _____

Instructions: *(please tick)*

O_2Vent Mono:

☐ Replace upper silicone with dual laminate
☐ Reline upper arch: ☐ *Dual laminate* ☐ *Silicone*
Reason: _____
☐ Reline lower arch: ☐ *Dual laminate* ☐ *Silicone*
Reason: _____
☐ Mount to bite in device
☐ Other: *(please specify)*

O_2Vent T / O_2Vent W

☐ Reline upper arch ☐ *Erkoloc Pro (standard)* ☐ *Erkodur*
Reason: _____
☐ Reline lower arch ☐ *Erkoloc Pro (standard)* ☐ *Erkodur*
Reason: _____
☐ Mount to bite in device
☐ Other: *(please specify)*

Please tick:
☐ Warranty Claim
☐ Device return
☐ Other

Clinician comments:

Technician comments:

Sign: *Date:*

Oventus use only:

Date received: Date dispatched: Lab work returned to clinician: Y / N

Warranty Claim Approved: Y / N (QA) Approved by: Date approved: