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	
Sleep Physician	
Date of request	

Oventus use only:

Device number:

On hold: (reason)

Released by: *Date:*

Please note that a bite registration with 5mm vertical clearance (universally) is essential to incorporate the airway technology. In addition, upper and lower impressions that cover the entire arch (all tooth surfaces up to 5mm past the gingival margin), free from drag marks are required. This will ensure adequate fit and retention of the inserts. If the bite or impressions are not suitable, we will request new records which may delay the manufacture of the 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:
- ☐ Lower arch PVS impression
- ☐ Models
- ☐ Bruxism: ☐ mild ☐ moderate ☐ severe ☐ n/a
- ☐ 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)*
  Reason: _____
- ☐ Reline lower arch ☐ *Erkoloc Pro (standard)*
  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: