



Customer Service at 800-433-6628

SHIPPING:

Please allow 14 working days from date of case acceptance (including acceptable impressions/models, bite registration, and complete prescription information. Case will be placed on hold if there are any issues with case acceptance and will resume after all questions have been answered). Working days do not include weekends or holidays. Times do not include time in transit and times do not include the day case is shipped. (Outbound shipments are calculated by weight and destination and will be determined at the time each case is shipped). All returns must be sent to the following address:

DenMat Holdings, LLC
1071 W. Central Avenue
Lompoc, CA 93438

SNAP-ON SMILE® LIMITED WARRANTY:

The Snap-On Smile Limited Warranty is between DenMat, an Authorized Distributor, or a dentist. This warranty covers any defects in materials or workmanship in Snap-On Smile arch and runs for one (1) year and one (1) month from the date the case was shipped from DenMat.

WARRANTY COVERS:

DenMat will, at its option, repair or replace a Snap-On Smile that proves to be defective in materials or workmanship. DenMat's warranty obligation is limited to a **one-time replacement of the original Snap-On Smile**, and DenMat makes no warranty, express or implied, with respect to the replacement appliance. If the Snap-On Smile becomes damaged during the warranty period, and the conditions set forth in this warranty have been met and no exclusion applies, the doctor may send the appliance in for repair to DenMat or an authorized distributor, freight prepaid, at any time during the warranty period. There will be no handling charge for warranty work for the first 90 days of the warranty period. During this initial 90-day period, there will be no charge for repair or replacement. After 90 days, there will be a \$49 handling fee (US dollars) for all warranty claims. For all warranty claims you must return the old appliance.

CONDITIONS THAT MUST BE MET FOR WARRANTY TO APPLY:

To obtain warranty services, the providing dentist will send new impressions directly to DenMat or to a local authorized distributor.

WARRANTY DOES NOT COVER:

1. Cash refunds.
2. Changing shade from the original prescription request. No shade change will be made in any warranty claim for any reason.
3. Modifying the teeth numbers from the original prescription request.
4. Damage or defects resulting from: a) failure to follow DenMat's instructions, b) improper insertion, c) abuse, or d) improper dental hygiene.
5. Incidental or consequential damages, exemplary damages, including inconvenience, lost wages or pain and suffering.
6. Claims resulting from modifications made by the patient or dentist to Snap-On Smile.
7. Any dental fees charged by the dentist are not covered unless specifically approved in writing in advance by DenMat.

YOUR RIGHTS UNDER COUNTRY LAW:

This warranty gives you specific legal rights and you may also have other rights which vary from country-to-country. Some countries do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you. In addition, some countries do not allow limitations on how long an implied warranty lasts, so the above limitation may not apply to you.

REQUIRED PHOTOS

- Portrait (view 1) against neutral background
 - No shadows
- Natural passive smile - frontal (view 2)
Don't "Fix" canted smiles
- Natural passive smile - right view (view 3)
- Natural passive smile - left view (view 4)
- Upper arch contrast photo against black background
- Retracted frontal view (view 5)
 - Horizontal incisal plane perpendicular to vertical
- Retracted right view (view 6)
- Retracted left view (view 7)

Impression Requirement Check List

All boxes **MUST** be checked "YES" to complete your order.

- | | |
|---|--|
| 1. Did you use a PVS material?
If NO, did you include a model poured with a high quality die stone? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 2. Did you use full arch impression trays?
Triple Trays cannot be used | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 3. Did you take a bite registration?
Wax bites cannot be used | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 4. Are ALL teeth to be fabricated included in impression?
Margins of all teeth to ensure there are no pulls? Check for any distortion. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 5. Have you reviewed the gingival margins of all teeth to ensure there are no pulls? Check for any distortion. | YES <input type="checkbox"/> NO <input type="checkbox"/> |

FOR STUDIO USE ONLY

DATE RECEIVED #: _____ PAN #: _____

OPEN INITIALS: _____

INCOMING NOTES: _____

ORIGINAL ORDER #: _____

REMAKE/REPAIR REASON CODE: _____

STAGE: _____

CUSTOMER #: _____

O/E IN T: _____

NEW ORDER #: _____

STAGE: _____