



SERVICE REQUEST FORM

REWORKS, WARRANTY CLAIMS, RELINES

Oventus Medical USA
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Patient name		Oventus use only: Device number: On hold: (reason) Released by: Date:
Date of birth		
Clinician name		
Clinician signature		
Clinician Address		
Practice name		
Sleep Physician		
Date of request		

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)

<input type="checkbox"/> O2Vent Mono device	<input type="checkbox"/> Upper arch PVS impression – facial midline marked: Y / N
<input type="checkbox"/> O2Vent T device	<input type="checkbox"/> Lower arch PVS impression
<input type="checkbox"/> Bite registration (5mm vertical clearance)	<input type="checkbox"/> Models
<input type="checkbox"/> Jaw position: _____% max advancement	<input type="checkbox"/> Bruxism: <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe <input type="checkbox"/> n/a
<input type="checkbox"/> Other: _____	

Instructions: (please tick)

O₂Vent Mono: <input type="checkbox"/> Reline upper arch: <input type="checkbox"/> <i>Dual laminate</i> Reason: _____ <input type="checkbox"/> Reline lower arch: <input type="checkbox"/> <i>Dual laminate</i> Reason: _____ <input type="checkbox"/> Mount to bite in device <input type="checkbox"/> Other: (please specify)	O₂Vent T/ O₂Vent W <input type="checkbox"/> Reline upper arch: <input type="checkbox"/> <i>Dual laminate</i> Reason: _____ <input type="checkbox"/> Reline lower arch : <input type="checkbox"/> <i>Dual laminate</i> Reason: _____ <input type="checkbox"/> Mount to bite in device <input type="checkbox"/> Other: (please specify)
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Please tick: <input type="checkbox"/> Warranty Claim <input type="checkbox"/> Device return <input type="checkbox"/> Other	Clinician comments:
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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: