



3DL DYNAMIC
DIGITAL
DENTAL
your digital dentistry experts

Remake Request

All Fields Required

CASE INFORMATION

Doctor Name _____

Practice Name _____

Patient Name _____

Previous Case # _____

Implant cases should include all parts and screws. If parts are missing, fees may apply. Please list all items included in package on this slip.

Remake Reason

- | | |
|---|--|
| <input type="checkbox"/> Interproximals Open | <input type="checkbox"/> Margin Open |
| <input type="checkbox"/> Interproximals Too Tight | <input type="checkbox"/> Wrong Shade Ordered |
| <input type="checkbox"/> Occlusion Open | <input type="checkbox"/> Wrong Shade Sent |
| <input type="checkbox"/> Occlusion Too High | <input type="checkbox"/> De-Bonded |
| <input type="checkbox"/> Other (specify below) | |

Notes:

DYNAMIC DIGITAL DENTAL LAB

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