

Please fill out the following as accurately as possible.
This will help ensure your patient's needs are rapidly fulfilled, and that any problems or issues are dealt with immediately and effectively.

Date: _____

Doctor: _____

Patient: _____

Contact person: _____

ClearCorrect case number: _____

Current treatment phase: _____ **Date started:** _____

Current step: _____ **Date started:** _____

Item(s) needing replacement: _____

Please provide an exact description of the problem or situation:

Email this completed form to **qualitycontrol@clearcorrect.com**, or fax it to **(713) 595-1880**.

If a patient is mid-treatment, and is unable to continue (for example, because of a lost or damaged aligner), the last aligner should be continued while the replacement aligner is remanufactured. If a newly dispensed aligner does not seat or fit properly, check for patient compliance on the previous aligner and ensure it is continued as necessary.

Thank you.

Sincerely,

Quality Control Division
ClearCorrect, Inc.