

NDX Aligners

Complaint Form

Doctor Name: _____

Email: _____

Case ID: _____

Date of Event: (MM/DD/YYYY) ____/____/____

Feedback Type:

- Aligner/Retainer
- Packaging
- Other _____

Defected aligner step number or retainer: _____

Brief description of the defective aligner/retainer or packaging:

Supporting evidence: (Please attach images to the email along with this form).

Do you wish to receive a replacement? If yes, please specify the step number.

- Yes. Step number _____
- No