

Warranty Claim Form



Valplast® International Corp.
142 East Beech Street
Long Beach, NY 11156
Tel (516) 442-3923
www.valplast.com

Please complete this form in order for us to evaluate your patients Valplast® denture for possible warranty repair or replacement. Please note that this warranty only applies to breakage and fracture of the Valplast® base resin and other defects will not be considered for warranty replacement.

Date:

Dentist Information

Name:	<input type="text"/>
Company:	<input type="text"/>
Address:	<input type="text"/>
State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>
Country:	<input type="text"/>

Patient Information

Name:	<input type="text"/>
Company:	<input type="text"/>
Address:	<input type="text"/>
State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>
Country:	<input type="text"/>

Date of Insertion:

Lab Name (if known):

Main Contact:	<input type="text"/>
Email:	<input type="text"/>
Phone:	<input type="text"/>

Main Contact:	<input type="text"/>
Email:	<input type="text"/>
Phone:	<input type="text"/>

Description of problem:

Once you have completed this form, please send it to
Valplast International Corp.
Attn: Denture Warranty Program
200 Shames Drive
Westbury, NY 11590

Please include the defective partial and the **Valplast® Certificate of Guarantee.**

You will be contacted upon receipt of these items to discuss the case and the options for repairing it as pertains to the limited warranty.