Customer complaint

ZERAMEX®
strong. bright. right.

Please send your order of events to the following address or e-mail to:

Dentalpoint AG
Bodenäckerstrasse 5
CH-8957 Spreitenbach

warranty@zeramex.com

Please send products sterilised and packaged individually.

Case number _____

To be completed by Dentalpoint.

Attention: Complaints must be reported within 3 months after explantation. The form must be sent fully completed. Incomplete or later submitted complaints can not be considered due to regulatory and legal reasons.

Handler / Lab

Customer no. _____

Name _____

Street _____

Post Code / Town _____

Contacts _____

Tel. _____

or stamp of practice

Product (implant, component, instrument, etc.)

*Required field

☐ ZERAMEX® XT ☐ ZERAMEX® P6 ☐ ZERAMEX® P ☐ ZERAMEX® T ☐ ZERAMEX® T-Lock ☐ _____

Article Name* _____ Article No.* _____ Lot No.* _____

by-product, if any _____

Nature of case

Date of case* _____

☐ Lack of primary stability ☐ Loss of implant ☐ Implant fracture

☐ Other surgical or insertion problem (please describe in more detail)

☐ Abutment fracture ☐ Screw failure ☐ Loosening ☐ Fit problem

☐ Instrument problem (please describe in more detail)

☐ Other (please describe in more detail)

More details / Other information

_____

_____

_____

Position:

	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
R	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	L
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	
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FO 85120 2018-11

Customer complaint

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Patient information* Patient No.:* _____ Date of birth: _____ Gender ☐ M ☐ F

Oral hygiene* ☐ good ☐ average ☐ poor

Bone quality* ☐ D1 ☐ D2 ☐ D3 ☐ D4

Patient history ☐ Smoker ☐ Diabetic ☐ Teeth grinder

Chewing/biting habits _____

Date of* Implantation* _____ Immediate implantation ☐ Yes ☐ No

Insertion torque implant* _____ Ncm

Explantation* _____ Immediate loading ☐ Yes ☐ No

Prosthetic treatment* _____ with abutment type _____

Phase of loss / of explantation ☐ Healing phase ☐ Reopening ☐ Before prosth. loading ☐ After prosth. loading

Healing ☐ Subgingival ☐ Transgingival

Augmentation ☐ Preoperative ☐ Same time as impl. ☐ None

Materials used _____

Preparation of implant bed* ☐ Ablative ☐ Thread cutter ☐ Other _____

Findings of explantation ☐ Infection ☐ Mobility ☐ Osteolysis

☐ Occlusal overloading ☐ Grad. bone resorption ☐ Peri-implantitis

Prosthetic treatment* ☐ Cemented ☐ Total prosthesis ☐ Purely impl.-supported ☐ Removable bridge

☐ Fixed bridge ☐ Fixed partial prosth. ☐ Removable partial prosth. ☐ Screwed

☐ Individual tooth restoration Tightening torque abutment* _____ Ncm

Comments _____

☐ Product enclosed ☐ Other annexes _____

☐ Product will be sent subsequently as _____

☐ Product will not be sent as _____

☐ Desired replacement product _____

Date _____ **Signature** _____

www.zeramex.com

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