

Please print this form. Fill it out completely and attach it to the product to be returned.

Via Cesare Battisti n. 2 - 40123, Bologna

IMPLANT INFORMATION

- 1 Implant type
- 2 Part Number
- 3 Lot Number
- 4 Number of implants placed
- 5 Number of implants returned
- 6 Number of implants failed
- 7 Date of placement
- 8 Date of removal

PATIENT INFORMATION

- 1 Explanation of the implant failure
- 2 Patient..... Male Female
- 3 Patient's age
- 4 Patient hygiene..... Good Average Poor
- 5 Was the patient a smoker?..... Yes No
- 6 Patient's general health..... Good Average Poor
- 7 Is patient diabetic?..... Yes No
- 8 Is patient taking medication for osteoporosis?
If yes, list the medications..... Yes No
- 9 Did the patient have any infections at the time of placement
or while the implant(s) were in place?..... Yes No
- 10 List of medications patient was taking at time of surgery
or while implant was in place?.....

DOCTOR INFORMATION

- 1 Doctor's Name
- 2 Have you used this type of implant before?..... Yes No
- 3 Approximately how many have you placed.....