COMPLAINTS QUESTIONNAIRE



- · Please complete this form as detailed as possible. Missing information may delay the processing.
- · Please also return the explanted product(s) in a sterilized condition.
- · Please return implants without abutments, since we can not remove them for you.

A. Customer Information				
Customer No.			Prac	tice Stamp
Name of Practice/Clinic				
Email-Address				
Country				
B. Product Information				
Product type	Article-No.			
0 Implant				
O Prosthetics	Charge/LOT			
0 Instrument				
C. Patient Information				
Patient-ID			Health condit	tion prior to surgery
Age	0<20 020-50	050-70 0>70	0 Smoker	○ No significant
Bone type	OT1 OT2 OT3 OT4 OBruxism OMarcumar		⊙ Marcumar	
Tooth-No.			0 Diabetic	0 Other
D. Surgery Information				
Date of Implantation / _	/ Dat	e of prosthetic tre	eatment	//
Surgery Information				
 Applied bone augmentation procedure Instruments 				
O cleaned, disinfected and sterilized prior to use O Other				
E. Information about incident				
Date of incident/				
Oral hygienic situation at im	plant site	Dational or manual o		
O Excellent O Good		Patient sympto	ms	
O EXOCUTION O GOOD	k	Patient sympto O Pain	ms ⊙ Dehiso	cence
O Average O Poor		O Pain O Infection		
		PainInfectionSwelling	DehiseBoneOther	
		O Pain O Infection	DehiseBoneOther	loss
O Average O Poor Description of events		PainInfectionSwellingNerve damag	O Dehiso O Bone O Other	loss
O Average O Poor Description of events O No primary stability	o Prol	O Pain O Infection O Swelling O Nerve damag	O Dehiso O Bone O Other e adling	loss
O Average O Poor Description of events O No primary stability O No osseointegration	○ Prol ○ Oth	PainInfectionSwellingNerve damag	O Dehiso O Bone O Other e adling	Was the patient able to be
O Average O Poor Description of events O No primary stability O No osseointegration O Mechanical malfunctioning	O Prol O Oth g of product	O Pain O Infection O Swelling O Nerve damag	O Dehiso O Bone O Other e	Was the patient able to be successfully re-treated: O Yes O No
O Average O Poor Description of events O No primary stability O No osseointegration	O Prol O Oth g of product	O Pain O Infection O Swelling O Nerve damag	O Dehiso O Bone O Other e	Was the patient able to be successfully re-treated: O Yes O No
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Description of events O No primary stability O No osseointegration O Mechanical malfunctioning Please describe why, in your Please send the completed for and sterilized product(s) to:	O Prol O Other opinion, it resulted	O Pain O Infection O Swelling O Nerve damag blems during har er d in implant loss	O Dehiso O Bone O Other e adding or why the imp For returns fro following add	Was the patient able to be successfully re-treated: O Yes O No Plant had to be removed: Om the USA, please use the ress:
Description of events O No primary stability O No osseointegration O Mechanical malfunctioning Please describe why, in your Please send the completed for and sterilized product(s) to: TRI® Dental Implants z. H.: Complaint Handling	O Prol O Other of product opinion, it resulted orm together with the or questions Mail: complaints@	O Pain O Infection O Swelling O Nerve damag blems during har er d in implant loss he explanted	O Dehiso O Bone O Other e adding or why the imp For returns fro following add May Dental Ar 515 Mae Court	Was the patient able to be successfully re-treated: O Yes O No Plant had to be removed: Om the USA, please use the ress: ts For questions E-Mail: complaints@tri-implants.swiss
Description of events O No primary stability O No osseointegration O Mechanical malfunctioning Please describe why, in your Please send the completed for and sterilized product(s) to: TRI® Dental Implants z. H.: Complaint Handling Merzhauserstraße 183	O Prologof producton the component of the component	O Pain O Infection O Swelling O Nerve damag blems during har er d in implant loss he explanted	O Dehiso O Bone O Other e adding or why the imp For returns fro following add May Dental Ar	Was the patient able to be successfully re-treated: O Yes O No Plant had to be removed: Om the USA, please use the ress: ts For questions

Unterschrift

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