# COMPLAINTS QUESTIONNAIRE

TRI DENTAL IMPLANTS

- **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. | | Practice Stamp |
| Name of Practice/Clinic | | |
| Email-Address | | |
| Country | | |

## B. Product Information

| | |
|---|---|
| **Product type**<br>○ Implant<br>○ Prosthetics<br>○ Instrument | Article-No.<br>Charge/LOT |

## C. Patient Information

| | | |
|---|---|---|
| Patient-ID | | **Health condition prior to surgery** |
| Age | ○ <20 ○ 20-50 ○ 50-70 ○ >70 | ○ Smoker ○ No significant |
| Bone type | ○ T1 ○ T2 ○ T3 ○ T4 | ○ Bruxism ○ Marcumar |
| Tooth-No. | | ○ Diabetic ○ Other_____ |

## D. Surgery Information

Date of Implantation _ _ /_ _ /_ _ _ _ | Date of prosthetic treatment _ _ /_ _ /_ _ _ _

**Surgery Information**

○ cleaned, disinfected and sterilized prior to use

○ Applied bone augmentation procedure Instruments
○ Other_____

## E. Information about incident

Date of incident _ _ /_ _ /_ _ _ _

**Oral hygienic situation at implant site**
○ Excellent ○ Good
○ Average ○ Poor

**Patient symptoms**
○ Pain ○ Dehiscence
○ Infection ○ Bone loss
○ Swelling ○ Other_____
○ Nerve damage _____

**Description of events**
○ No primary stability ○ Problems during handling
○ No osseointegration ○ Other_____
○ Mechanical malfunctioning of product _____

Was the patient able to be successfully re-treated:
○ Yes ○ No

**Please describe why, in your opinion, it resulted in implant loss or why the implant had to be removed:**

_____

_____

**Please send the completed form together with the explanted and sterilized product(s) to:**

**TRI® Dental Implants**
**z. H.: Complaint Handling**
Merzhauserstraße 183
79100 Freiburg/Germany

**For questions**
E-Mail: complaints@tri-implants.swiss
Fax: +41 32 510 1601
Phone: 00800 3313 3313

**For returns from the USA, please use the following address:**

**May Dental Arts**
515 Mae Court
Fenton, MO
63026 USA

**For questions**
E-Mail: complaints@tri-implants.swiss
Infoline USA Tollfree:
(636) 486-7334

| **Datum** | **Unterschrift** |
|---|---|
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