Warranty and Return Form

Reason for return and replacement

☐ Dropped during surgery

☐ Placed and removed immediately during surgery

☐ Implant Failure

☐ Other. Please explain _____

☐ Loss of sterility (opened, but not used)

☐ Loss of sterility (package damaged, but not used)

☐ Product exchange (original package, not used)

Product information

Catalog REF No.	
LOT No.	
Quantity	
Expiration date	

Clinical Information, if applicable

Please fill, if product was in use

Name and address of dental office			
Surgeon name			
Patient name or ID			
Patient gender		**Patient age**	
History of substance abuse	☐ Smoking, ☐ Alcoholism, ☐ Diabetes, ☐ Chronic periodontitis, ☐ Poor oral hygiene, ☐ Significant bone loss, ☐ Other:		
Diagnosis at implantation			
Date of implantation		**Date of removal**	
Antibiotics and drugs used		**Duration of use**	
Post-operative treatment		**Duration of use**	
Complications	☐ Edema, ☐ Haematomas, ☐ Bleeding, ☐ Infection, ☐ Significant pain ☐ Flap dehiscence, ☐ Sensory disorders, ☐ Other:		
Reason for removal	☐ Failure, ☐ Pain, ☐ Infection, ☐ Allergy		

Please provide information on the methods used for cleaning and decontamination of returned products:	