

DOCUMENTATION SHEET PROSTHETIC COMPONENTS

Your information is important! In order to permanently guarantee and improve the safety of our medical products, we need your support.
Please fill out this form completely, otherwise we cannot process your complaint!

Information on the attending physician / laboratory

Dentist Oral Surgeon OMS Laboratory

Address: _____

Customer number: _____

Contact: _____

Phone: _____

Article:

article number: _____ batch-/lot number: _____

article number: _____ batch-/lot number: _____

article number: _____ batch-/lot number: _____

Reason for complaint: _____

Information on prosthetics:

Type of restoration: crown bridge partial prosthesis (upper jaw) partial prosthesis (lower jaw)
 full prosthesis (upper jaw) full prosthesis (lower jaw) other: _____

When was the component used? _____ Date of removal of the component: _____

Was a torque wrench used? yes torque _____ Ncm
 no not known

Manufacturer of the screw / torque wrench used: _____

Date of the provisional restoration: _____ Final restoration date: _____

Have check-ups been carried out? yes no

Has the patient suffered any health problems? yes no

If so, in which form? _____

Date: _____

Signature: _____

For internal use only:

date of receipt: _____ case report no.: _____ invoice no.: _____

YOUR SHIPPING LABEL

Please use the shipping label below, otherwise the delivery will not can be edited and must be destroyed.

Your and our safety is important to us!

Therefore, please seal the cleaned items in suitable foil, sterilize them and send them to us - be sure to pack them in a padded envelope / package

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Sender

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