

## DOCUMENTATION SHEET INSTRUMENTS & TOOLS

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!**

<b>Information on the attending physician / laboratory</b>	<input type="checkbox"/> Dentist	<input type="checkbox"/> Oral Surgeon	<input type="checkbox"/> OMS	<input type="checkbox"/> Laboratory
	Address: _____ _____			
	Customer number: _____			
Contact: _____	Phone: _____			

**Article:**

article: _____	article number: _____
article: _____	article number: _____
article: _____	article number: _____

**Reason for complaint:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instruments and tools:**

Approximate number of uses (only for cutting instruments):  
 first time use    2-5    6-10    11-15    more than 15

Type of cleaning:    manually    ultrasonic    thermal disinfection    others \_\_\_\_\_

Type of sterilization:    autoclaving    dry-heat    chemiclave

Has the patient suffered any health problems?    yes    no

If so, in which form? \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

<b>For internal use only:</b>
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

**Medical Instinct<sup>®</sup> Deutschland GmbH, Graseweg 24, 37120 Bovenden, Germany.**

Sender

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Please add  
sufficient  
postage



**Medical Instinct<sup>®</sup> Deutschland GmbH**

**Graseweg 24  
37120 Bovenden, Germany**