

## 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? \_\_\_\_\_  
\_\_\_\_\_

Initiated medical aftercare \_\_\_\_\_

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

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

### Nur für interne Zwecke:

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® Deutschland GmbH, Graseweg 24, 37120 Bovenden, Germany.**

Sender

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Please add  
sufficient  
postage.



**Medical Instinct® Deutschland GmbH**

**Graseweg 24  
37120 Bovenden, Germany**