

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!

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

Article:

article: _____	article number: _____	batch/lot-no.: _____
article: _____	article number: _____	batch/lot-no.: _____
article: _____	article number: _____	batch/lot-no.: _____

Reason for complaint: _____

Instruments and tools:

Approximate number of uses
 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: _____

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

Medical Instinct® Deutschland GmbH, Graseweg 24, 37120 Bovenden, Germany.

Sender

Please add
sufficient
postage



Medical Instinct® Deutschland GmbH

Graseweg 24
37120 Bovenden, Germany