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COMPLAINT FORM

Return address

Please send back the lost/damaged Implant/Abutment together with the completed complaints form. Please use one complaint form for each part you send back.
Otherwise processing is not possible.

Rekl.-Nr.

Mitteilung gem. MPG § 31 (4) JA ☐ NEIN ☐

>> complete internally <<

DATA OF FAILED IMPLANT/ABUTMENT

Contact and phone no.:	
Your Customer Number:	
Article Number:	
Lot Number:	
Kind of application:	
Date of Implantation/application :	
Date of failure:	
Regio in which the Implant/ Abutment was inserted:	R 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 L 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
Description of the complaint:	
Suspected failure reason:	
Patient name/Patient number:	
Patient, user or any third party injured?	no ☐ slightly ☐ severely ☐

DATE AND RESIDENCE

DENTAL OFFICE (STAMP)

Reset

Send

Print