Customer complaint

ZERAMEX

Please note: *Please complete this form in full and attach all relevant x-rays and/or clinical images. The products concerned must be sterilised and individually packaged. Complaints must be submitted within 3 months of explantation with a fully completed complaint form. Incomplete complaints or complaints submitted later cannot be considered for replacement services.*

Please send your order of events to the following address:

Keystone Dental, Inc.
154 Middlesex Turnpike
Burlington, MA 01803
United States

Case no. ____________________

To be completed by CeramTec Switzerland

or stamp of practice

Practitioner / Lab

Customer no. ____________________

Name ____________________

Street ____________________

Post code / Town ____________________

Contact person ____________________

Tel. ____________________

Product (Implant, component, instrument, etc.)

*Required field

☐ ZERAMEX® XT ☐ ZERAMEX® P6 ☐ ZERAMEX® P ☐ ZERAMEX® T ☐ ZERAMEX® T-Lock ☐ __________

Article description* __________ Article no.* __________ Lot no.* __________

by-product, if any ____________________

Type of incident

Date of incident*

____

☐ Lack of primary stability ☐ Implant failure

Implant fracture

Other surgical or insertion problem (please provide more details)

Abutment fracture **Screw failure** ☐ **Loosening** ☐ **Fit problem**

Instrument problem (please provide more details)

Other (please provide more details)

More details / other information*

____

____

Position:

	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
R	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	L
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	
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Patient information

Please note: *For data protection reasons, no patient names may be mentioned.*

Patient no.* ____________ Date of birth: ____________ Sex ☐ M ☐ F ☐ D

Oral hygiene* ☐ good ☐ average ☐ poor

Bone quality* ☐ D1 ☐ D2 ☐ D3 ☐ D4

Patient history ☐ Diabetes Melitus ☐ Bruxism ☐ Smoker ☐ Unknown
☐ Xerostomia ☐ Immune deficiency ☐ Alcohol / drug abuse ☐ No

Chewing / biting habits ____________

Date of
implantation* ____________ Immediate implantation* ☐ Yes ☐ No
Insertion torque implant* ____________ Ncm
explantation* ____________ Immediate loading* ☐ Yes ☐ No
prosth. treatment* ____________ with abutment ____________

Phase of loss / of explantation* ☐ Healing phase ☐ Reopening ☐ before prosth. loading ☐ after prosth. loading

Healing ☐ subgingival ☐ transgingival

Augmentation* ☐ preoperative ☐ same time as impl. ☐ None
Materials used ____________

Preparation of implant bed* ☐ Ablativ ☐ Thread cutter ☐ Other ____________

Findings of the explantation* ☐ Infection ☐ Mobility ☐ Osteolysis
☐ Occlusal overloading ☐ Grad. bone resorp. ☐ Peri-implantitis

Prosthetic treatment* ☐ Cemented ☐ Total prosthesis ☐ Implant-supported ☐ Removable bridge
☐ Fixed bridge ☐ Fixed partial prosthesis ☐ Removable part. prosth. ☐ Screwed
☐ Single-tooth restor. Tightening torque abutment* ____________ Ncm

Comments ____________

☐ Product enclosed ☐ other annexes ____________

☐ Product will be sent subsequently as ____________

☐ Product will not be sent as ____________

☐ Desired replacement ____________

Customer complaint

Confirmation*

Please confirm before sending the complaint:

- ☐ The product was used in accordance with the instructions for use (IFU).
- ☐ I have read and accept the Zeramex® warranty conditions.
- ☐ I sterilised the products in complaint (cleaning is not necessary) and marked the protective bag as STERILE.
- ☐ I have enclosed the product(s) in complaint and X-ray images with this form.

Date ______________________________ Signature ______________________________

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