Neodent Products Warranty

This form must be filled with the maximum information and details about the patient, containing the signature and stamp of the professional. Failure to complete the form shall lead to the return of the product, with the transportation charges being responsibility of the dental professional.

The dentist must send o**ne form for each patient/clinical case** to be analyzed.

ATENTION! How to proceed when sending the product for analysis:

1. All products must be sent to the Authorized Distributor/Subsidiary completely cleaned and sterilized, with this warranty form filled.

2. Products which are not cleaned and sterilized and with the respective sterilization confirmation will not be received and accepted for analyze and will be discarded.

3. The dentist assumes full responsibility for the costs of hiring a third company for sterilization of the products sent without observing the above instructions.

4. The elaboration of the analysis report by Neodent, when requested, will be done within the time limit of 45 working days after the item's arrival in Brazil, as long as it attends every condition here presented.

5. The replacement will be perfomed by the same complaint product.

6. The information given for analysis is treated as confidential and will not be disclosed.

7. The information marked with * must be filled in for implant complaints

INFORMATIONS ABOUT THE CLINICIAN/PROSTHETIC LAB TECHNICIAN

Profissional name:

Address:

Nº: Complement:

ZIP: City: State:

Country: Telephone:

E-mail:

PATIENT´S INFORMATION

Patient ID:

Birth date: Gender:- Weight

Obs.: Preencher quando permitido pela legislação do país.

MEDICAL RECORD:

- ☐ Diabetes Mellitus
- ☐ Chemotherapy
- ☐ Smoking
- ☐ Compromised Immunoresistance
- ☐ Allergy?
- ☐ Other diseases?
- ☐ Radiation Tx-head/neck area
- ☐ Lymphatic Disorder
- ☐ Untreated endocrine illness
- ☐ Xerostomia
- ☐ Drug or alcohol abuse
- ☐ Illness requiring steroids
- ☐ Blood coagulation disorder
- ☐ Psychological disorder

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INFORMATIONS ABOUT PRODUCTS INVOLVED IN THE CLINICAL CASE

Product Code	Product Name	Batch No	Quantity	Implant placement date	Implant removal date	Region placed*

*Inform the region that the implant was placed according to FDI World Dental Federation notation

INFORMATION OF THE EVENT

SELECT THE PROBLEM:

- ☐ Early Loss
- ☐ Late Loss
- ☐ Fracture
- ☐ Removal
- ☐ Allergy:
- ☐ Post-surgical complications, describe:
- ☐ Other:
- ☐ Packaging problem
- ☐ Labeling problem
- ☐ Swallowing/Aspiration
- ☐ Stripped
- ☐ Death/Falsification
- ☐ Incomplete
- ☐ Clamping
- ☐ Incorrect fitting
- ☐ Inadequate function
- ☐ Unreadable

*The implant removal was due to a problem with abutment or instrumental? -

*The implant removal was due to clinician's decision or patient's request? -

*In case of implant removal, it was replaced in the same surgical procedure? -

*What was the applied torque? - N.cm

*What was the bone quality found? -

*Implant was placed right after tooth extraction? - If yes, was there an injury? -

*Was there any type of fenestration? YES

*Was bone graft placed? - If yes, what material is used (Particulate/Block)?

*Data of abutment placed: -

*When it was installed? -

*Date of installation:

*Hygiene around implant: -

*FACTORS THAT COULD HAVE INFLUENCED THE PROBLEM FOUND:

- ☐ Occlusal trauma
- ☐ Surgical trauma
- ☐ Infection
- ☐ Overheating of Bone
- ☐ Insuficient bone quality
- ☐ Nerve encroachment
- ☐ Medication?
- ☐ Other diseases?
- ☐ Other?
- ☐ Trauma/accident
- ☐ Tongue pressure
- ☐ Peri-implantitis
- ☐ Bone resorption
- ☐ Insuficient bone quantity
- ☐ Bruxism
- ☐ Immediate load
- ☐ Does not use oclusal splint
- ☐ Immediate extraction site
- ☐ Implant Fracture
- ☐ Sinus membrane perforation
- ☐ Biomechanical overload

*THE IMPLANT LOSS WAS FOLLOWED BY THE EVENTS:

- ☐ Pain
- ☐ Hemorhage
- ☐ Mobility
- ☐ Abscess
- ☐ Others
- ☐ Swelling
- ☐ Increased sensitivity
- ☐ Numbness
- ☐ Fistel
- ☐ Inflammation
- ☐ Asymptomatic
- ☐ No appointment scheduled

*QUAL A SEQUÊNCIA DE BROCAS UTILIZADAS? ASSINALE:

- ☐ Initial Drill
- ☐ Twist Drill 2.0
- ☐ Twist Drill 2.8
- ☐ Twist Drill 3.0
- ☐ Twist Drill 3.15
- ☐ Twist Drill 3.3
- ☐ Twist Drill 3.8
- ☐ Twist Drill 4.3
- ☐ Twist Drill 5.3
- ☐ Alvim Drill 2.0
- ☐ Alvim Drill 3.5
- ☐ Alvim Drill 4.3
- ☐ Alvim Drill 5.0
- ☐ Alvim Bone Tap 3.5
- ☐ Alvim Bone Tap 4.3
- ☐ Alvim Bone Tap 5.0
- ☐ Pilot Drill 2/3
- ☐ Pilot Drill 2.8/3.5
- ☐ Pilot Drill 3/3.75
- ☐ Pilot Drill 3.3/4
- ☐ Pilot Drill 3.6/4.3
- ☐ Pilot Drill 4.3/5
- ☐ Pilot Drill 3.8/ 4.3
- ☐ Pilot Drill 4.3/5.3
- ☐ Pilot Drill 5.3/6
- ☐ Countersink Drill 3.3
- ☐ Countersink Drill 3.5
- ☐ Countersink Drill 4.1
- ☐ Countersink Drill 4.3
- ☐ Countersink Drill 4.5/5.0
- ☐ Facility Drill 2.0
- ☐ Facility Drill 10
- ☐ Facility Drill 12
- ☐ Facility Drill 14
- ☐ Facility Bone Tap
- ☐ Spherical Drill Zygomatic 2.9
- ☐ Twist Drill Zygomatic 2.7
- ☐ Pilot Twist Drill Zygomatic 2.7/3.3
- ☐ Twist Drill Zygomatic 3.3
- ☐ Pilot Twist Drill Zygomatic 3.3/3.7
- ☐ Countersink Drill Zygomatic CM Plus
- ☐ Tapered Drill 2.0
- ☐ Tapered Drill 3.5
- ☐ Tapered Contour Drill 3.5+
- ☐ Tapered Drill 3.75
- ☐ Tapered Drill 3.75+
- ☐ Tapered Drill 4.0
- ☐ Tapered Contour Drill 4.0+
- ☐ Broca Cônica 4.3
- ☐ Broca Cônica sobrecontorno 4.3+
- ☐ Broca Cônica 5.0
- ☐ Broca Cônica sobrecontorno 5.0+
- ☐ Broca Cônica 6.0
- ☐ Pilot Drill 2/3
- ☐ Pilot Drill 2.8/3.5
- ☐ Pilot Drill 3/3.75
- ☐ Pilot Drill 3.3/4
- ☐ Pilot Drill 3.6/4.3
- ☐ Broca Piloto 4.3/5
- ☐ Broca Piloto 3.8/4.3
- ☐ Broca Piloto 4.3/5.3
- ☐ Broca Piloto 5.3/6
- ☐ Initial Drill
- ☐ Tapered Drill 2.0
- ☐ Tapered Drill 3.5
- ☐ Tapered Drill 4.3
- ☐ Countersink Zi
- ☐ Zi Bone Profile Drill

Others?

IN CASE OF REUSABLE PRODUCT

What product was used for cleaning? -

Method used? -

Which material has been used in cleaning? -

Is there any difficult related to the product use?

COMPLAINT ANALYSIS REPORT

Do you qant to receive the complaint analysis report? -

COMMITMENT AGREEMENT

I declare that the items described above were properly sterilized within the ideal standards and the information above is true and is consistent with the patient's file.

Responsible:

Date:

Signature: