

Made in Germany

## Allgemeine Informationen

Details of the submit	ting party	Internal Documentation No.								
Dentist	Oral surgeon	Maxillofacial surgeon								
Dental clinic/Practice		Customer no								
Graduation/Name of contact pe	erson	Phone Fax								
Address	Zip-Code, City	Country								
Details of the prosth	etically attending doctor/ denta	al technician laboratory								
Practice/ Laboratory		Customer no								
Graduation/Name of contact pe	erson	Phone Fax								
Address	Zip-Code, City	Country								
Patient data		Age								
Heavy smoker   Heavy smoker   Metabolic diseases   Alcohol- or drug abuse   Osteoporose   Other medical factors: Oral hygiene		Diabetes mellitus Heart and cycle diseases Bruxism Allergies sufficient insufficient								
	tems only cleaned/autoclaved and wing x-rays (copies) are needed:  preoperative ailure including prostheti	postoperative								
Enclosure 1: Impla Enclosure 3: Instrur	documentation with the accordingly nt ments/Accessories/Biomaterial	Enclosure 2: Prosthetics Enclosure 4: Labelling/Packaging								
Date		Signature								



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**Enclosure 1: Implant** 

Implant details	s														
Item-No.				OT-F <sup>1</sup> plast TPS	OT-F <sup>2</sup>	OT-F <sup>3</sup>	BiCortic <sup>®</sup>	Ø mm	Leng	th I	Lot-No.				No.
-												/			1
-											1 1	/			2
-			, [								1 1	· · · / ·	· · · ·	1 1	3
		1 1										/	1 1 1		4
Important: Please fill in these implant numbers into the following data register and/or mark with a cross.															
Detaile etale e					. 1										
Details of the p	oositio	n or <u>a</u>	<u>II</u> Inser	tea im	piants	; 						1			_
Implant No. (described above)															
Bone quality															
	17	16	15	14	13	12		21	22	23	24	25	26	27	_
Popo guality	47	46	45	44	43	42	41	31	32	33	34	35	36	37	_
Bone quality  Implant No.															_
(described above)															
Dotoils of impl	ant inc	outio	· (Dlassa					)							
Details of impl	ant ms			registe		-	ve data ne				ΙD	<b>a</b>			
Implant No. Implantation			1			2		3				4			
Exposure															
Temporary restora	ation														
Definitive restorat	ion														
Explantation															
Details of the implantation timing (Please mark implant number with a cross)  Immediate implantation retarded implantation (after how many weeks?) late implantation 1 2 3 4 subgingival healing transgingival healing 1 2 3 4															
Details of the a	augme	ntatio	n (Pleas	se mark	implan	nt numk	oer with a	cross)							
Preoperative (	after how	many w	eeks?)			_		intra	operative	e					
Autogenous b	oone		1	_	3 4	_									
Bone augmen	ntation m	aterial	1		3 4	_		Product n							
Membrane					3 4	<u>+</u> ]		Product n	ame/ma	nufacti	urer:				
Details of incid	lent (Pl	ease m	ark imp	lant nur	nber w	ith a cr	oss)								
Connective ti	ssue hea	ling	1	2	3 4	Į.		missi	ng prima	ıry stab	oility	[	1 2	3	4
Periimplantiti	s		1	2	3 4	l l		not e	ffected o	sseoint	tegration	ո [	1 2	3	4
Trauma			1	2	3 4	Į.		prost	hetic ove	erloadir	ng	[	1 2	3	4
Packaging/La	belling														
Others															



**Enclosure 2: Prosthetics** 

Details of the prosthetic comp	oonents										
Item-No.	Article Description	Ø mm	Angle	GH	Lot-No.	No.					
-											
-					/	II					
-						III					
Important: Please fill in these ab	outment numbers into the fo	llowing da	ta registe	r and/or	mark with a cross.						
Details of the timing of prosth	netic restoration (Please	mark abut	ment nur	nber wi	th a cross)						
Immediate restoration		loading (afte									
Immediate loading		ration after f			gration 🔲 🔲 🔲						
Details of the prosthetic orga	nization of the denture	!									
Sketch:	Note:										
(1) (b)											
<b>3</b>											
Detail of the status of antago	nistic jaw										
Natural teeth	Crown/Bridge	р	artial pros	thesis	full prosthesis						
Details											
Was a new definite screw used?					Yes No						
Was the abutment screw fixed by a torc	ue wrench?		N	lcm —	Yes No						
How was the organization of the dentur											
Tight fixed (cemented)	provisory removable (sc	rewed)			removable (anchor system)						
Details of incident											
Easing of prosthetic restoration	Screw fracture	Abu	tment frac	ture							
Details of possible cause of th	ne prosthetic failure										
-											



**Enclosure 3: Instruments/Accessories/Biomaterial** 

Details of Instruments/Access	ories				
Item-No.	Article Description	OT-F¹ OT-F²	OT-F <sup>3</sup> BiCort	ic®   Lo	ot-No.
-				I	/
					/
Details of Instruments/Access	ories				
Number of use (for drills)	First use	2-15	over	15	
Cleaning method	Manual	Ultrasoni	c Desi	nfection	Sterilization
Detergent- and/or disinfectant					
Sterilization procedure					
Reason for return of Instrume	nts/Accessories				
Details of Biomaterial					
Item-No.	Article Description		Size Qu	ıantity	Lot-No.
-					/
-					/
Reason for return of Biomater	ial				



**Enclosure 4: Labelling/Packaging** 

Details of Product						
Item-No.	Article Description	OT-F <sup>1</sup>	OT-F <sup>2</sup>	OT-F <sup>3</sup>	BiCortic®	Lot-No.
-						 
-						
-						 
Reason for return/discrepancy						