

CASE DOCUMENTATION

Allgemeine Informationen

Details of the submitting party			Internal Documentation No.		
<input type="checkbox"/> Dentist	<input type="checkbox"/> Oral surgeon	<input type="checkbox"/> Maxillofacial surgeon			
Dental clinic/Practice		Customer no			
Graduation/Name of contact person		Phone	Fax		
Address	Zip-Code, City	Country			
Details of the prosthetically attending doctor/ dental technician laboratory					
Practice/ Laboratory		Customer no			
Graduation/Name of contact person		Phone	Fax		
Address	Zip-Code, City	Country			
Patient data					
Identification No.		<input type="text"/> Age	<input type="checkbox"/> male	<input type="checkbox"/> female	
<input type="checkbox"/> Heavy smoker	<input type="checkbox"/> Metabolic diseases	<input type="checkbox"/> Alcohol- or drug abuses	<input type="checkbox"/> Osteoporose	<input type="checkbox"/> Other medical factors:	<input type="checkbox"/> Diabetes mellitus
<input type="checkbox"/> Oral hygiene	<input type="checkbox"/> very good	<input type="checkbox"/> good	<input type="checkbox"/> sufficient	<input type="checkbox"/> insufficient	<input type="checkbox"/> Heart and cycle diseases
<input type="checkbox"/> Bruxism	<input type="checkbox"/> Allergies _____				
Details of the possible cause of the failure					
Please return claimed items only cleaned/autoclaved and carefully packed.					
For case evaluation following x-rays (copies) are needed:					
Panorama x-rays		<input type="checkbox"/> preoperative	<input type="checkbox"/> postoperative		
<input type="checkbox"/> after occurrence of failure	<input type="checkbox"/> including prosthetics	<input type="checkbox"/> single crown control x-ray			
Hereby I submit the case documentation with the accordingly filled out enclosures.					
<input type="checkbox"/> Enclosure 1: Implant		<input type="checkbox"/> Enclosure 2: Prosthetics			
<input type="checkbox"/> Enclosure 3: Instruments/Accessories/Biomaterial		<input type="checkbox"/> Enclosure 4: Labelling/Packaging			
Date		Signature			

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Enclosure 3: Instruments/Accessories/Biomaterial



Innovative Präzision
Made in Germany

Details of Instruments/Accessories						
Item-No.	Article Description	OT-F ¹	OT-F ²	OT-F ³	BiCortic®	Lot-No.
-		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/
-		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/
-		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/

Details of Instruments/Accessories				
Number of use (for drills)	<input type="checkbox"/> First use	<input type="checkbox"/> 2-15	<input type="checkbox"/> over 15	
Cleaning method	<input type="checkbox"/> Manual	<input type="checkbox"/> Ultrasonic	<input type="checkbox"/> Desinfection	<input type="checkbox"/> Sterilization
Detergent- and/or disinfectant _____				
Sterilization procedure _____				

Reason for return of Instruments/Accessories

Details of Biomaterial				
Item-No.	Article Description	Size	Quantity	Lot-No.
-				/
-				/
-				/

Reason for return of Biomaterial

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Enclosure 4: Labelling/Packaging

Details of Product						
Item-No.	Article Description	OT-F ¹	OT-F ²	OT-F ³	BiCortic [®]	Lot-No.
-		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/
-		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/
-		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/
Reason for return/discrepancy						