QUESTIONNAIRE
PROSTHETIC COMPONENT

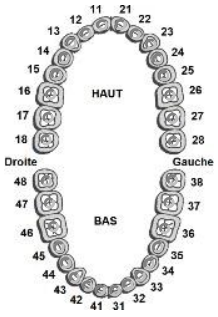
For Global D & Partners:
Received by:
Registration number *(if applicable)*:
Date:

Complaint Nr:

Elements to be included for case processing:
1. All available X-rays from the treatment stages.
2. The involved product(s) and the crown, cleaned, decontaminated and sterilized, indicating your customer code and the patient's initials on the sterilization pouch(es)

1. CUSTOMER/PRACTITIONER INFORMATION

Customer code *(see PL and/or invoice)*:.....
Customer name: .....
Email: .....



2. PATIENT INFORMATION

Patient Initials *(first 3 letters of LAST NAME/first 3 letters of First Name)*: ..... Tooth No.:

Age : ..... Sex: ☐ M ☐ F Bruxism: ☐ Yes ☐ No

3. PATIENT FOLLOW-UP

Please describe below any information you consider relevant for the case analysis (periodontal status, tooth loss during the treatment period, changes in occlusion, antagonist of the affected tooth, etc.)

.....
.....
.....
.....

Has there been a previous malfunction in the same area? ☐ Yes ☐ No

Number of follow-up visits: ..... Date of the last follow-up visit: .....

4. PRODUCT INFORMATION

Prosthetic component:	Reference:..... Lot: ..... *If unknown, please provide available information: product range, prosthetic connection (ST, posterior/2Ex)*:	Date of placement: ..... Date of malfunction: ..... Date of removal *(if ≠ malfunction date)*: .....
Implant:	Reference:..... Lot:	Date of placement: ..... Date of removal: ..... *(of the implant: if applicable, to be described in §5)*

Prosthesis : *(if applicable)*
☐ Metal-ceramic (PFM) ☐ Full zirconia
☐ Layered zirconia ☐ Other: .....

5. DESCRIPTION OF THE MALFUNCTION

Please describe precisely the type of malfunction encountered and the associated circumstances ((coronal/gingival fracture, inability to remove/assemble, screw head stripping, deformation of screw hexagon, screw fracture, etc.)

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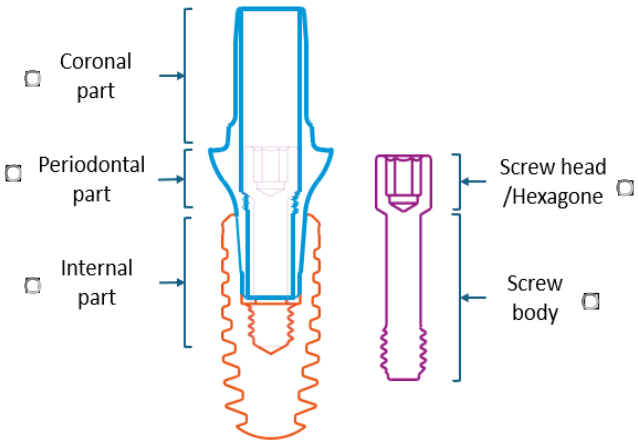
.....

6 ILLUSTRATION OF THE MALFUNCTION

(generic representations for indicative purposes only)

Select the affected area.



7. DESCRIPTION OF THE USE OF THE ANCILLARY INSTRUMENT AND OF THE ACTIONS TAKEN/CONSIDERED

Please describe below which ancillary instrument was used (Global D or other manufacturer), the applied torque, whether the removal was successful or not, and the action taken or considered

Procedure successful: ☐ Yes ☐ No Applied torque: ..... N.cm

Ancillary instrument ref(s): .....

Description:

.....
.....

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