QUESTIONNAIRE
DENTAL IMPLANT
(INCLUDING IMPLANT FAILURE)

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

1. 1. PRACTITIONER/CUSTOMER's DETAILS

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

Practitioner's name: .....

Email : .....

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

2. PATIENT INFORMATION

Patient initials *(first 3 letters of LAST NAME/first 3 letters of First Name)* : ..... Sex : ☐ M ☐ F Age : .....

Bone density at implant site:

☐ ☐ ☐ ☐

Lekholm and Zarb Classification (1985)

Type D1	**Type D2**	**Type D3**	**Type D4**
Mainly compact bone	*Thick cortical bone, low spongy bone volume*	*Thin cortical bone, dense spongy bone*	*Thin cortical bone, more abundant spongy bone*

Patient history : *Please describe below any information you consider relevant for case analysis (bruxism or masticatory hyperfunction, smoking, diabetes, alcohol consumption, tongue thrusting habits or speech disorders, allergies, infection, etc.).*

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3. SURGERY & PROSTHESIS

Final drill Ø : ..... mm Implant torque: ..... N.cm Final tightening with a torque wrench: ☐ Yes ☐ No

☐ Bone graft *(if yes, specify)* :.....

Implant placement timing	**Surgical protocol**	**Edentulism**	**Prosthesis**
☐ Immediate (post-extraction)	☐ One-stage	☐ Single	☐ Cemented
☐ Delayed	☐ Two-stage	☐ Multiple	☐ Screw-retained
	☐ Immediate loading	☐ Full	☐ Removable

4. PRODUCT INFORMATION

Tooth No.	Implant		Dates		Associated prosthetic component or healing abutment		
	Reference	Batch No.	Placement	Removal	Reference	Batch No.	Date of placement

Other implant sites : ☐ Yes *(specify site numbers)* .....

Occlusal status : *(antagonist, changes during treatment period: extraction(s), new prosthesis, etc.)* .....

5. DEVICE ISSUE / IMPLANT FAILURE *(select one option only)*

Device issue	☐ **Implant detachement** (from contra-angle implant driver or other) *Comments :* ..... ☐ **Lack of primary stability** (at implant placement) *Comments :*	☐ **Other** (implant handling, misfit, fracture, contamination, internal threading, surface condition, etc.) *Comments :* ....
Implant failure	☐ **Primary / early failure** (lack of osseointegration – before loading) *(For illustration : drill wear, bone overheating, excessive compression, reuse of healing abutment, etc.)* *Comments :*	☐ **Secondary / late failure** (loss of osseointegration) *(For illustration : premature loading, biomechanical overload or fatigue, bone loss, residual cement below prosthetic margin, lack of prosthetic passivity, bacterial plaque accumulation, peri-implantitis, etc.)* *Comments :* ....

6. DESCRIPTION & CONSEQUENCES

Please describe below any relevant event that may explain the device issue(s): products involved, intraoperative complications, specific clinical conditions, patient risk factors, or any deterioration in the patient's health condition that may have contributed.

Please also indicate the consequences for the patient and/or the practitioner (additional surgery, modification of the treatment plan, discomfort, pain, etc.).

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