QUESTIONNAIRE
CMF IMPLANT

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

Complaint Nr:

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)* : .....

Location *(tooth number or site: maxilla, mandible, skull)* : .....

Bone density of the implant site : ☐ D1 bone ☐ D2 bone ☐ D3 bone ☐ D4 bone

3. PATIENT FOLLOW-UP

Describe below all information considered useful for case analysis (patient health status, diseases/addictions/ongoing treatment, maxillofacial history, physiotherapy-related CMF history, extra-facial history, oral hygiene, etc.)

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4. PRODUCT INFORMATION

Defective **implant** :
Product category *(plate, screw, etc.)* :.....
Reference : .....
Lot : .....
Date of placement :.....
Date of malfunction : .....Date of removal : .....
If unknown, provide available information : .....

Interacting **product** *(if applicable)* :
Product category *(plate, screw, shaft, handle, etc.)* : .....
Reference : .....
Lot :.....
If unknown, provide available information : .....
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.....

5. TYPE OF MALFUNCTION / PATIENT IMPACT

Time of occurrence of the malfunction:

☐ Intraoperative : if yes, specify *(adjustment/change/disassembly of material, change of treatment plan, etc.)* :
.....

☐ Postoperative : if yes, specify *(medical treatment, removal of material, surgical revision, etc.)* :
.....

Pre-drilling :	☐ Yes	☐ No	If yes, specify drill diameter : .....mm
Screw-in technique :	☐ Manual	☐ Motor-driven	If motor-driven, specify torque used : .....N.cm
Plate adaptation :	☐ Yes	☐ No	If yes, specify number of adjustment(s) : .....

6. DESCRIPTION OF THE MALFUNCTION

Describe precisely the type of malfunction encountered (eyelet/bridge/hook fracture, deformation, packaging issue, oxidation, product mobility, etc.) and associated circumstances.

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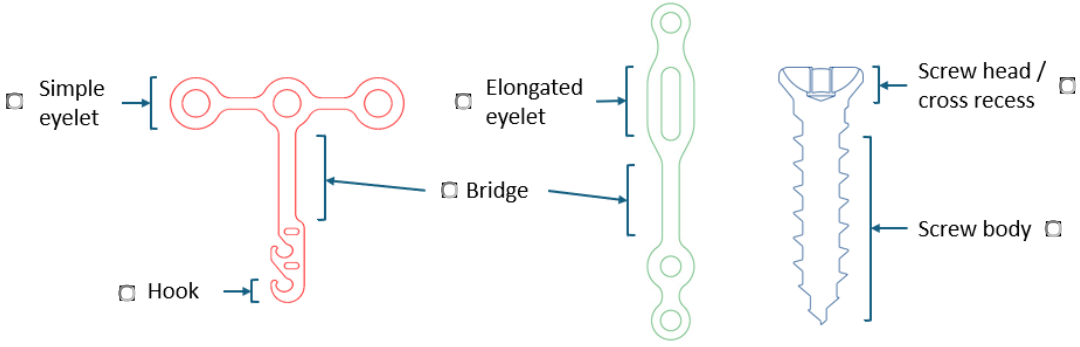
7. ILLUSTRATION OF THE MALFUNCTION *(generic representations for indicative purposes)*

Select the affected area.



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