Complaints form

Implantology – surgery, prosthetics and instruments

Customer information

Name

Customer number

Telephone number

Email

Address

WARNING
Always send product(s) autoclaved (and marked "sterile") or disinfected together with a completed complaints form and x-ray images/pictures (as applicable).
We recommend the use of stable packaging that provides safe transport.

Product information (must be provided)

Region	Item No. (REF)	LOT No.	Used on (DD.MM.YYYY)	Removed/occurred on (DD.MM.YYYY)

Patient information

Patient ID*

Year of birth

General diseases

Medication intake

❑ Metabolic diseases (e.g. diabetes, thyroid function, kidney or liver diseases)	❑ Metabolic bone disease	❑ Long-term cortisone therapy (in dental uses)	❑ Drug or alcohol abuse
❑ Periodontal disease	❑ Xerostomia	❑ Bruxism	❑ Smoker
❑ Impaired immunology	❑ Compromised immune resistance	❑ Radiation therapy in the head/neck area	❑ Lymph disorder
❑ Blood clotting disorder	❑ Chemotherapy	❑ Mental illness	❑ Scleroderma

Allergies

Other

Level of oral hygiene ❍ good ❍ moderate ❍ poor

Description of the problem

Please complete the corresponding product category **A**, **B** or **C** overleaf

The BEGO Standard Guarantee Policy and our Standard Terms of Business shall apply, each to be found at www.bego.com.
We process personal data on the basis of the GDPR and the German Federal Data Protection Act. Data are processed according to Article 6(1)b GDPRto fulfil the contract. The consent of the respective patient is required to send further patient data. You can view the information on data processing according to Article 13 and Article 14 GDPR on https://www.bego.com/de/datenschutz/hinweise-zur-datenverarbeitung .
* Without indicating the patient's name or other patient data.

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A Surgical information

Bone quality ❍ D1 ❍ D2 ❍ D3 ❍ D4

Implant insertion with ❍ Ratchet ❍ Handpiece

Thread pre-cut? ❍ yes ❍ no **Countersink used?** ❍ yes ❍ no

Speed used (for drills) in rpm

Torque used on insertion in N cm

Augmentation before the treatment? ❍ yes ❍ no

If "yes", when and which (name of the material)?

Augmentation during the treatment? ❍ yes ❍ no

If "yes", which?

Immediate implant placement? ❍ yes ❍ no **Primary stability achieved?** ❍ yes ❍ no

Healing time

Osseointegration achieved? ❍ yes ❍ no

Information about the incident:

❑ Implant breakage	❑ Trauma/accident	❑ Abscess	❑ Late loss
❑ Nerve encroachment	❑ Bone resorption	❑ Peri-implantitis	❑ Infection
❑ Early loss (including no primary stability)	❑ Screw breakage/abutment hexagonal breakage	❑ Adjacent to endodontic tooth	❑ Bone augmentation not integrated into the bone
❑ Bone overheating	❑ Sinus perforation	❑ Other	

If "Other", which?

B Prosthetic information

Type of restoration ❍ Partial prosthesis (upper/lower) ❍ Total prosthesis (upper/lower) ❍ Bridges

❍ Individual crown(s) ❍ Other

If "Other", which?

Immediate loading? ❍ yes ❍ no

Torque used on fixing in N cm

Date of provisional/final restoration

Date of incident

C Instruments

Approximate number of drill applications ❍ first use ❍ 10 – 25 ❍ over 25

How long was the product used for (e.g. trays, instruments etc.)?

Type of cleaning ❍ Manual ❍ Ultrasound ❍ Thermal disinfection

❍ Other

If "Other", which?

Cleaning agents/chemicals used

Type of sterilisation ❍ Autoclaving ❍ Dry heat ❍ Chemical wash

Place, date, signature, stamp

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