

COMPLAINT FORM

BEGO IMPLANT SYSTEMS

It is only possible to process a complaint properly if the complaint form is filled out correctly.

All of the items listed below must be submitted together with this form.

- Product forming subject of complaint
- Goods return form
- All x-rays from this case
- Prosthetic constructions (e.g. bridge or bar)
- Planning and working models if applicable
- Photo if applicable

Goods returned as part of a complaint are only accepted if they are sent to BEGO Implant Systems GmbH & Co. KG accompanied by the corresponding goods return form.

Surgeon / implantologist:

Name

Address

Tel. / Fax

Prosthodontist:

Name

Address

Tel. / Fax

Patient:

Name / date of birth

Treatment data

Extraction of the replaced tooth (weeks before implantation): _____

Implant position: _____

Width of the crestal alveolar process at the implantation site: _____

Bone quality:

D1 D2 D3 D4

Speed used:

_____ (rpm)

Pretapped thread:

Yes No

Countersink used:

Yes No

Torque used during insertion:

_____ (N/cm)

Tool used:

Ratchet Handpiece Handwheel

No tool, rather: _____

Simultaneous osteoplasty with:

- Chips and membrane
- Titanium mesh / film
- Lateral onlay (pressure screw)*
- Vertical onlay (pressure screw)*
- Sinus floor elevation (chips)
- Same, with block implant*
- Same, with mixture*

*Harvest site: _____

Materials used:

Augmentation with alloplastic materials:

- Granules
- Granules + membrane
- Alloplastic blocks

Healing phase

Healing:

Covered

Insecurely covered

Open

Not loaded

Partially loaded

With final prosthesis

Healing period not loaded: _____ days

Period between exposure and insertion of final prosthesis: _____ days

Recall phase

Recall interval/dates: _____

Level of hygiene (1 = excellent to 6 = inadequate): _____

Implant-borne prosthesis

Single crown(s) on implant: _____

Crown block _____

Bridge from _____ over _____ to _____

Bar with removable prosthesis on _____ as abutments

Bar with limited prosthesis removal on _____ as abutments

Extension bar(s) region _____

Ball attachment anchor on implant _____

Magnetic inserts on implants _____ (cylinder / stepped cone)

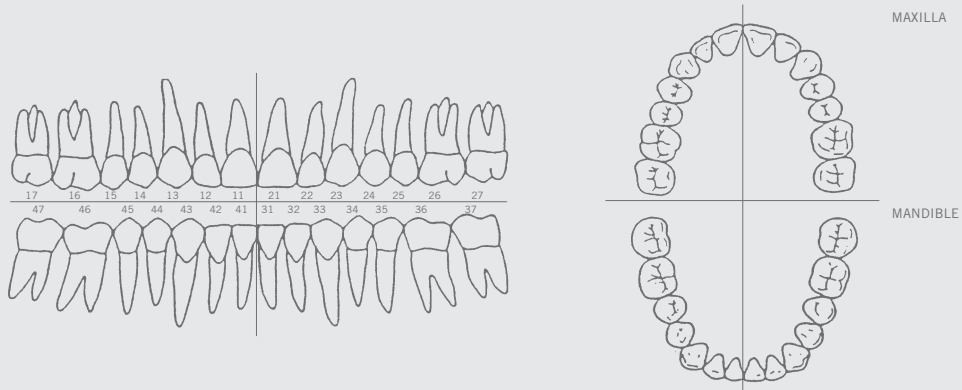
Telescopic crowns:

Parallel-walled Cone angle 6° 8° 10° > 10°

Torque used during fixation _____ (N/cm)

Other: _____

Overview diagram



Product forming subject of complaint (implants / prosthetic components):

Implant position						
Article						
Article no.						
Batch no.						

Case history

General illnesses: _____

Current medication: _____

Neurological disorders: _____

Smoker: Yes No

Other: _____

Occlusion: Angle class I IIa IIb III

Occlusal interference: _____

Elongated teeth: _____

Intercuspitation: Canine guidance Occlusion

Cusp inclination: Steep Moderate Flat None

Parafunctions: Bruxism Tongue thrust

Suspected cause of failure (implant failure / complications)

- Insufficient available bone
- Trauma during placement
 - Primary instability Buccal bone lamellae fractured
 - Extremely hard bone Simultaneous implantation and augmentation
- Healing phase too short
- Infection during
 - the healing phase the prosthetic treatment the recall phase
- Occlusal trauma
- Other trauma
- Other cause

Description of the complication (with treatment data)

(Place, date, signature, stamp)

To be completed by BEGO Implant Systems.

Complaint no.:

Date received:

Processed by:

DentMerk Benelux B.V. | Antwoordnummer 592 | 1270 VB Huizen

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