

# GUARANTEE REQUEST FORM



Date of request: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Via Distributor: \_\_\_\_\_

Clientno.: \_\_\_\_\_  
 Name Clinic/Laboratory: \_\_\_\_\_  
 Name Contactperson: \_\_\_\_\_  
 Postal address: \_\_\_\_\_  
 Postal code: \_\_\_\_\_  
 City + Country: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Tel.no: \_\_\_\_\_

**Motivation of guarantee request / more information:**

**Product information:**

Article Number (REF) _____	Article Description _____	Serial Number (SN)* _____
Article Number (REF) _____	Article Description _____	Serial Number (SN)* _____
Article Number (REF) _____	Article Description _____	Serial Number (SN)* _____
Article Number (REF) _____	Article Description _____	Serial Number (SN)* _____
Article Number (REF) _____	Article Description _____	Serial Number (SN)* _____

Placement Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Failure Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\* If a serial number is not available and a LOT number is, please fill in the LOT number

**General patient information:**

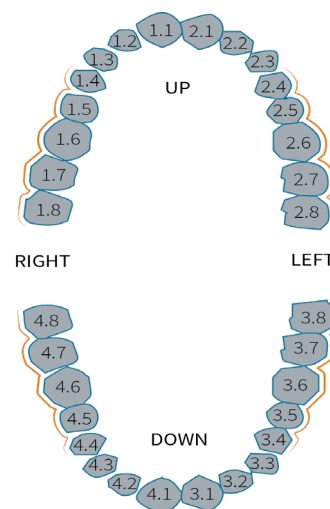
Age: \_\_\_\_\_      Weight: \_\_\_\_\_      Male \_\_\_\_\_      Female \_\_\_\_\_  
 Oral hygiene:      Excellent      Good      Fair      Poor

**Medical record:**

Radiation Tx-head /neck area	Xerostomia	Blood coagulation disorder
Illness requiring steroids	Lymphatic disorder	Uncontrolled enocrine illness
Diabetes Mellitus	Bruxism	Smoker ( ____ pcs per day)
Psychological disorder	Drug or alcohol abuse	Other: _____
Chemotherapy around time of implant placement	Compromised immune resistance	No significant findings

**In case of implant failure please also fill in this part**

Position of implant(s) and other relevant information



Date of implant(s) removal \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Bone quality:	Type I	Type II	Type III	Type IV
Abutment on implant during failure	Cover screw	Healing abutment	Final abutment	Type: _____

Quality is an integral part of Dyna Dental Engineering BV's business objective. The requirements as stated in the Medical Device Directive 93/42/EEC and ISO 13485:2016 are a framework for the Quality Management System. To maintain a high level of quality, Dyna Dental needs feedback on any possible implant failure which will be registered and evaluated.

Please fill in this form completely (English) and return it together with the implant failure/disfunctioning product, **cleaned and sterilized**, and with sufficient protection (e.g. box or aircraft envelope) to:

Dyna Dental Engineering BV, Vang 9, 4661 TX, Halsteren, The Netherlands

SIGNATURE CONTACTPERSON : \_\_\_\_\_

print

e-mail