

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:

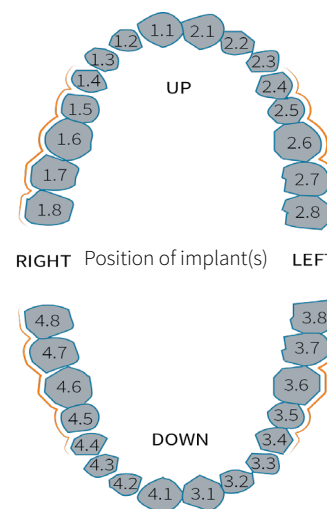
Age: _____ Weight: _____ Male _____ Female _____
 Oral hygiene: Excellent Good Fair Poor

Medical record:

Radiation Tx-head /neck area	Xerostomia	Blood coagulation disorder	Allergies
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

Relevant information, complications and/or side effects:



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 a X-ray, OPG or OPT 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