

NON-OSSOINTEGRATED IMPLANTS documentation form

Please send the following **within two months** of the implant failing to:

Dentaurum GmbH & Co. KG | Turnstr. 31 | 75228 Ispringen | Germany:

■ The non-osseointegrated implant(s) (**sterile**)

■ Fully completed documentation form
Please use only one documentation form **per** patient.

1. Distributor's details

Name

Country

Customer No.

2. Surgeon's details

Name, first name

Customer No.

Street, No.

Tel. No.

Postal code

City

3. Prosthodontist's details

Name, first name

Customer No.

Street, No.

Tel. No.

Postal code

City

4. Patient's details

4.1 General data

Sex: male female diverse

Age: _____

4.2 Habits, health factors

Alcohol

Bruxism

Smoker

Unfavorable occlusal relationship (deep overbite, edge-to-edge bite)

Inadequate oral hygiene

Serious systemic diseases (diabetes)

Further medical contraindications:

Unusual biting habits (nail biting)

4.3 Bone quality / augmentation

D1 (dense compact bone)

D3 (thin, porous compact bone / wide-meshed spongiosa)

D2 (porous compact bone / dense spongiosa)

D4 (virtually no compact bone left / wide-meshed, fine spongiosa)

Augmentation:

Yes Details on augmentation material:

No

