

NON-OSSOINTEGRATED IMPLANTS documentation form

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

Dentaurum Implants GmbH | Turnstr. 31 | 75228 Ispringen | Germany:

- The non-osseointegrated implant(s) (**sterile**)
- Fully completed documentation form
Please use only one documentation form **per** patient.

1. Dealer'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

Age: _____

4.2 Habits, health factors

- | | |
|--|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Bruxism |
| <input type="checkbox"/> Smoker | <input type="checkbox"/> Unfavorable occlusal relationship (deep overbite, edge-to-edge bite) |
| <input type="checkbox"/> Inadequate oral hygiene | <input type="checkbox"/> Serious systemic diseases (diabetes) |
| <input type="checkbox"/> Further medical contraindications:
_____ | <input type="checkbox"/> Unusual biting habits (nail biting) |

4.3 Bone quality / augmentation

- | | |
|---|--|
| <input type="checkbox"/> D1 (dense compact bone) | <input type="checkbox"/> D3 (thin, porous compact bone / wide-meshed spongiosa) |
| <input type="checkbox"/> D2 (porous compact bone / dense spongiosa) | <input type="checkbox"/> D4 (virtually no compact bone left / wide-meshed, fine spongiosa) |

Augmentation:

- Yes Details on augmentation material: _____ No

5. Details on implantation / implant failure

5.1 Implant data

	Implant description (Length and diameter of the implants)	REF	LOT	Placed in regio	Date implant insertion	Date restoration placed	Date implant removed
1	L ø						
2	L ø						
3	L ø						
4	L ø						

5.2 Restoration

Immediate restoration: Yes No

5.3 Details on implant failure

Type of implant failure

Independent failure

Surgical explantation

Reasons for implant failure

Connective tissue entrapped during healing

Radiological osteolysis

Peri-implantitis

Chronic disease

Loaded incorrectly by the superstructure

Inadequate oral hygiene

Other causes (description) :

Procedure after implant failure

New implant placed immediately

New implant placed after healing period

New implant placed in a new location

No new implant placed

6. Regulations and instructions for surgical procedures

Are the general regulations for surgical procedures available?
(e.g. premises, staff, garments, instruments)

Are the instructions of Dentaurem Implants available?

7. Which products of Dentaurem Implants were used during the surgical procedure?

Surgical tray for CITO mini®

City, Date, Surgeon's Signature