DENTAURUM IMPLANTS

Documentation form

non-primarily stable implants during surgery

Please send the following **within two months** of the implant failing to Dentaurum Implants GmbH | Turnstr. 31 | 75228 Ispringen | Germany:

■ The non-primarily stable implant(s) **(sterile)**

■ This documentation form **fully completed**

– for each patient **one** documentation form please –

1. Dealer's details:

Name _____ Country _____

Customer No. _____

2. Surgeon's details:

Name _____ Tel. No. _____

Street _____ Customer No. _____

Postal Code / City _____ Country _____

3. Bone quality / Augmentation

D1 (dense compact bone) ❑

D2 (porous compact bone / dense spongiosa) ❑

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

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

Augmentation Yes ❑ No ❑

4. Details on implantation / implant failure

4.1. Implant data

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

4.2. Details on implant failure

Implant not primarily stable during surgery ❑
Bone quality ❑
Unsterile storage after opening ❑
Incorrect implant opened ❑
Too wide bone-preparation ❑
Other causes (description):

_____

_____

Procedure after implant failure:

New implant placed immediately ❑
New implant placed in a new location ❑
No new implant placed ❑

5. Regulations and instructions for surgical procedures

Are the general regulations for surgical procedures available?

(e.g. premises, staff, garments, instruments) ❑

Are the instructions of Dentaurum Implants available? ❑

6. Which products of Dentaurum Implants were used during the surgical procedure?

Surgical tray for tioLogic® TWINFIT ❑
Surgical tray STANDARD for tioLogic® ❑
Surgical tray ADVANCED for tioLogic® ❑
Surgical tray easyClean for tioLogic® ❑
Surgical tray pOsition for tioLogic® ❑
Osteotome-Tray for tioLogic® ❑
TIOMESH accessories ❑

City, Date, Surgeon's Signature

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