

Documentation form

non-primarily stable implants during surgery

Dentaurum will provide a replacement for tiologic® implant types that do not gain primary stability during surgery (see warranty conditions*). Please send the following **within two months** of the implant failing to Dentaurum GmbH & Co. KG | 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. Details of implantologist / surgeon:

Name _____

Tel. No. _____

Street _____

Customer No. _____

Postal Code / City _____

Country _____

2. 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 No

3. Details on implantation / implant failure

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

4. Details on implant failure

Implant not primarily stable during surgery

Bone quality

Non-sterile storage after opening

Incorrect implant opened

Implant site too wide

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 for use for Dentaureum implant types available?

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

Surgical Tray for tioLogic® TWINFIT

Surgical tray pOstition for tioLogic®

Surgical tray STANDARD for tioLogic®

Osteotome tray for tioLogic®

Surgical tray ADVANCED for tioLogic®

City, Date, Surgeon's Signature