Complaint form 1|3

Patent

This Complaint form refers to the Terms and Conditions of the Patent™ Lifetime Guarantee (MKT 400) of Zircon Medical Management AG.

1 Customer information

C

Customer number

Company stamp

Company

Contact / Name

Telephone

Email Address

Address

City

Date / Signature

2 Date of event

Date of event DD/MM/YYYY

The Zircon Medical Management AG guarantee is not valid for complaints where the referred date of event has occurred more than three months before the date of complaint.

3 Product(s) concerned (claimed to be replaced)

Article No.	Description	Lot No.	Qty.	Reason for return [1]

Restoration type? Crown, bridge...

[1] Use Chapter 7 in case of more detailed information

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4 Patient information

Patient ID / Ref

Age ☐ m ☐ f

Country of residence

5 Patient Medical History

Any known disease? ☐ No ☐ Yes (specify)

Any special treatment (chemotherapy, radiotherapy...)? ☐ No ☐ Yes (specify)

Any special medication? ☐ No ☐ Yes (specify)

Any parafunction behavior (bruxism...)? ☐ No ☐ Yes (specify)

Any infection? ☐ No ☐ Yes (specify)

Bone density ☐ Type I ☐ Type II ☐ Type III ☐ Type IV

Bone quantity ☐ Poor ☐ Moderate ☐ Good

Oral hygiene ☐ Poor ☐ Moderate ☐ Good

Smoker ☐ No ☐ Yes

6 Treatment information

Were the appropriate Instructions for Use (IFU) and user guide, valid at the time of treatment, strictly followed ☐ No ☐ Yes

Was/Were the Patent™ Implant and/or the Patent™ Prosthetic Component used in combination with other manufacturer's products ☐ No ☐ Yes (specify)

Implantation date DD/MM/YYYY

Tooth No.

Type of insertion protocol ☐ Manual ☐ Motor

Cortical Drill used? ☐ No ☐ Yes

Secondary stability (osseointegration) ☐ Poor ☐ Moderate ☐ Good

Tap used? ☐ No ☐ Yes

Immediate placement ☐ No ☐ Yes

Immediate loading ☐ No ☐ Yes

Primary stability ☐ Poor ☐ Moderate ☐ Good

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Any pre-treatment medication (antibiotics...)**?** ☐ No ☐ Yes (specify)

Any additional surgery? ☐ No ☐ Yes (specify)

7 Further information related to the event / complaint

Please note that the product(s) of concern is/are an essential part of the complaint assessment and need to be handed over to Zircon Medical Management AG for evaluation. Returned products are only accepted when sterilized accordingly and packed in pouches with clear colour change of the sterilization indicator. Alternatively to this indicator, sterilization protocols or records are also accepted.

☐ I confirm that the product(s) is/are sterilized and packed in pouches.
A clear colour change of the sterilization indicator or a sterilization protocol / record is available.

Date

Signature

Immediately after completing this Complaint form the following tasks must be carried out:

- Sterilized product(s) of concern listed under Chapter 3 together with the physical original version of this document must be sent to one of the following addresses:

  Shipment from the EU (**ZV3 – Zircon Vision GmbH**, Am Eschengrund 7, 83135 Schechen, Germany)
  Shipment from Switzerland (**Zircon Medical Management AG**, Krähbühlstrasse 58, 8044 Zürich, Switzerland)

ZV3 – Zircon Vision GmbH
Am Eschengrund 7
83135 Schechen, Germany

Zircon Medical Management AG
Krähbühlstrasse 58
8044 Zürich, Switzerland
info@zircon-medical.com | www.zircon-medical.com

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