

Implantation monitoring report

Dear Sir,

Thank you for purchasing a Surcam product. Our products are manufactured to the highest and the most demanding international quality standards.

In rare cases of the implant rejection within five years of the implantation Surcam may consider an option of replacing the implant with a similar one, free of charge.

To facilitate the implant replacement procedure, we ask you to do the following:

1. Fill in all the required information in the form in a clear manner.
2. When you are requesting a replacement for a rejected implant, please include the (extracted) rejected implant and the pre- and post-rejection X-ray images.

Case description (to be filled by the doctor)					
Name of the doctor:	Address of the clinic:	Phone: Fax: E-mail:	Number of implants (per the patient):		
Date of implantation:	Bone type:	Flapless <input type="checkbox"/> Yes <input type="checkbox"/> No	Immediate implantation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Immediate load: <input type="checkbox"/> Yes <input type="checkbox"/> No	Recovery date:
Implant extraction date:	Implant location:	Cat. No.:		Lot No.:	
Type of recovery: <input type="checkbox"/> Permanent: <input type="checkbox"/> Screw <input type="checkbox"/> Cemented <input type="checkbox"/> Removable <input type="checkbox"/> Temporary					

Medical history:							
Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Healthy	<input type="checkbox"/> Smoker	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Alcohol abuse
<input type="checkbox"/> Trauma (please detail):			<input type="checkbox"/> Cancer (please detail):			<input type="checkbox"/> Other (please detail):	

The reason for extracting the implant: <i>* please attach the implantation and extraction X-ray images</i>				
<input type="checkbox"/> Infection	<input type="checkbox"/> Lack of stability	<input type="checkbox"/> Pain	<input type="checkbox"/> Granuloma	<input type="checkbox"/> Sinus perforation
<input type="checkbox"/> Loss of bone tissue (please detail and attach the supporting images)			<input type="checkbox"/> Broken implant	<input type="checkbox"/> Nerve tissue damage
<input type="checkbox"/> Other (please detail)				
Likely implant rejection reason:				

When returning the recovery aids or tools, description of a problem:		
Catalog No:	Lot:	Please detail:

The report filled in by: _____ Date _____ Signature _____