



Please place the failed fixture in a sterile package with the dimensions specified below and stick it to the sheet.

Dentist Profile	
Full name*:	
Phone Number*:	
Province and city:	
Address:	

Patient profile	
Age*:	Gender*: female <input type="checkbox"/> male <input type="checkbox"/>
Patient's Health conditions*:	Smoking <input type="checkbox"/> Metabolic diseases <input type="checkbox"/> Poor oral hygiene <input type="checkbox"/> Other Details: .....

Failed implant specifications:		
Size*:	Implant area* :	Product label*

Cause of failed implant*:			
fall on the ground <input type="checkbox"/>	Choosing the wrong size <input type="checkbox"/>	bone lost <input type="checkbox"/>	Screw loosening <input type="checkbox"/>
Infection <input type="checkbox"/>	implant fracture <input type="checkbox"/>	Non-osteointegration <input type="checkbox"/>	Other:

Type of treatment*:		
Conventional single-unit implant <input type="checkbox"/>	Silent carpet implant <input type="checkbox"/>	Simultaneous implant with sinus lift <input type="checkbox"/>
Full half-jaw implant <input type="checkbox"/>	Other :	

Field time*:		
Shortly after surgery <input type="checkbox"/>	A few weeks after surgery <input type="checkbox"/>	Shortly after loading the prosthesis <input type="checkbox"/>
A few months or years after loading the prosthesis <input type="checkbox"/>	Other: .....	

Signature/ Date	
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