QUALITY PRODUCT WARRANTY FORM

SHIPPING INFORMATION

Please, fill in a form per patient and send it to our Quality Department to this e-mail address: info@dentalinstant.com

CUSTOMER INFORMATION

Company name or tax ID
Laboratory order #
Contact person
Dr. or Prosthetist name
Telephone number
E-mail adress

PATIENT INFORMATION

Record #
Patient's age
Sex M F
Smoker

Drug abuse
Bruxism
Diabetes
Periodontal diseases
Infectious diseases
Lack of buccal hygiene

DESCRIPTION OF THE CASE

Please, write down a brief description of the case and specify any relevant disease of the patient:

DETECTION OF THE CASE

Please, specify when the case was detected:

Upon receipt of the product
During its handing in laboratory or clinic
During surgery in patient
After surgery in patient

PRODUCT TRACKING

Product reference	Batch # / Serial #	Surgery date D	Surgery date M	Surgery date Y	Incidence date D	Incidence date M	Incidence date Y	Position

PROSTHETIC INFORMATION

Prothesis:

Crown
Bridge
Full arch

Pieces #

	D	M	Y
Instant fitting date			
Definitive fitting date			
Date of compact screw			

CLINICAL INFORMATION

Instant abutment:

Manual applied torque
Mechanical applied torque
Applied torque (Newton)
Use of angled Instant

Please, specify if you are returning the product for further analysis: Yes No