

i Attention - Each page has to be sent with only one sterilized implant.

A. Reporter Information

Surgeon's name _____

Address _____

E-mail _____

Contact in your country _____

B. Device Description

Catalog number _____ Lot number _____

Tooth number _____

Quantity returned _____

Type of Implant _____

Length _____ Width _____

C. Patient Information

Gender: M / F

Age at time of event _____ years

Bone type _____

Patient's health condition _____

Medications (please specify) _____

Head and Neck Radiotherapy: Yes / no

Chemotherapy: Yes / no

Bisphosphonates taking: yes / no

Smoking: Yes / no

Diabetes: Yes / no

Bruxism: Yes / no

Oral hygiene: Poor / Moderate / Good / Excellent

D. Chronology of Events and surgical phase

Implant Placement Date _____ Removal Date _____

Implant placement after extraction:

immediate 1-4 weeks / 4-12 weeks / 12-24 weeks and more than 6 months

Pre-surgical medication: Mouth rinse: Yes / no Antibiotics: Yes / no

Previous additional surgery: bone graft Membrane Sinus elevation

E. Event Description

Lack of integration: Yes / no Lost integration: Yes / no

Mechanical Malfunction: Yes / no

Other: _____

Was implant restored? Yes / no

If yes, was it immediate/early load? Yes / no less than 4 months: Yes / no

Describe what happened to the patient as a result of this event:

Discomfort: Yes / no Edema: Yes / no Infection: Yes / no Pain: Yes / no

Soreness: Yes / no Swelling: Yes / no

Surgical intervention: Yes / no Wound dehiscence: Yes / no

Bone loss: Yes / no Was the site grafted ? Yes / no

Possible reasons which contributed to the Implant rejection:

☐ Discrepancy before surgery ☐ Discrepancy in size during surgery

☐ Mechanical Failure ☐ Biological Failure ☐ Packing Deficiency

☐ Other _____