Global D
Partenaire de vos chirurgies

GLOBAL D VALUES YOUR FEEDBACK: QUESTIONNAIRE TO FILL IN AND RETURN IMPLANT MALFUNCTION (QDIMP)

For Global D

Claim Nr. :

Mandatory and necessary minimum fields for the expertise of your file

1. PRACTITIONER/PATIENT's DETAILS

Customer Code (See PL and/or invoice): .....

Name (who encountered the malfunction) : .....

Patient ID : ..... (optional)

THE FOLLOWING MUST BE ENCLOSED
- **Panorama or sectoral X-RAY** for each step of the treatment plan (at least post-malfunction)
- **The X-RAY of the last visit** before the occurrence of the malfunction.

2. TRACEABILITY

WARNING : the implant and associated prosthetic component shall be returned decontaminated, cleaned and sterilized

Site N°:.....

Malfunctioning implant: Reference: ..... ☐ unknown Placement date .....
Batch n°: ..... ☐ unknown Removal date: .....

Prosthetic component associated*: ☐ Yes (fill in below) ☐ No (n/a)

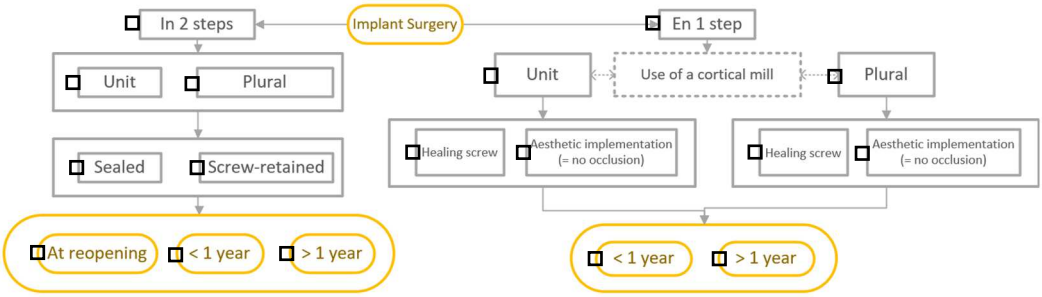
**to implant at the time of malfunction* Reference: ..... ☐ unknown Placement date: .....
Batch n°: ..... ☐ unknown Removal date: .....

3. TYPE OF MALFUNCTION

☐ Blocking/Unsuitability ☐ Fracture ☐ Activation (3.0) ☐ Other: .....

4. SURGERY INFORMATION (tick below or n/a if not applicable)

☐ n/a (prothèse



5. LOCALIZATION OF THE MALFUNCTION

☐ **Cover screw** ☐ **Implant collar** ☐ **Internal thread** ☐ **Implant connection** ☐ **Other: .....**

6. PRE/PER/POST SURGERY SITUATION

☐ Bruxism/Biomechanical excess ☐ Non-compliance to the instructions ☐ Periodontal disease ☐ Trauma / Accident
☐ Restricted mouth opening ☐ Overall good health ☐ Local infection
☐ Complications during the site preparation ☐ Other:

Bone quality : ☐ D1 ☐ D2 ☐ D3 ☐ D4 ☐ Unkown
If non adequate bone volume: ☐ ROG ☐Graft: type..... Brand..... & date

7. PROSTHESIS INFORMATION

Antagonist situation

☐ Natural tooth ☐ Fixed implant supported prosthesis ☐ Removable braces
☐ Fixed tooth-supported prosthesis ☐ Missing tooth ☐ Non-restored curve of Spee

Material used on the restored tooth

☐ Resin ☐ Laminate zirconium ☐ Hybrid material
☐ Ceramo-metal (CCM) ☐ Full zirconium ☐ Other: .....

Follow-up and monitoring of the patient

Nr of visits: ..... Date of last visit: Occlusion monitoring and treatment during each visit: ☐ Yes ☐ No ☐ Unknown

Additional comments: .....