

1. PRACTITIONER / PATIENT'S DETAILS and PATIENT'S FILE

Customer Code (see PL/invoice) :

Name (who encountered the malfunction) :

Patient ID :(optional)

1. TRACEABILITY WARNING : gutters shall be returned cleaned, decontaminated and sterilized

Reference : Batch or case # : Date of the surgery :

Type of planning : Standard occlusion loading Turnkey planning 3D pre-planning Ready-to-use STL files

2. TYPE OF MALFUNCTION: tick the applicable values for the concerned gutters

INIG = Initial gutter / INTG = Intermediary gutter / FING = Final gutter

Gutter breakage None Yes INIG Yes INTG Yes FING

Deformation of the gutter None Yes INIG Yes INTG Yes FING

If yes, precise the sterilization protocole :

Gutter/tooth mismatch None Yes INIG Yes INTG Yes FING

Impossible movements None Yes INIG Yes INTG Yes FING

Gutter too retentive None Yes INIG Yes INTG Yes FING

Gutter not enough retentive None Yes INIG Yes INTG Yes FING

Inadequate gutter thickness None Yes INIG Yes INTG Yes FING

If yes, precise :

Design/Shape of the gutter None Yes INIG Yes INTG Yes FING

If yes, precise:

Movements carried out by Global D not in accordance with the treatment plan provided No Yes

Error in the treatment plan provided No Yes

1st operating time reversed (bimax) No Yes

Unsuitable proposed final occlusion No Yes

If yes, precise:

3. PRE-OPERATIONAL SITUATION

Initial bite registration Cire Scan intra-oral Scanner / CBTC

Initial bite position Recul mandibulaire maximum ORC

Occlusion de convenance Other

Strictly orthodontically neutral impressions taking No Yes

Modification of the occlusal environment between impression taking and operation? No Yes

Craniofacial pathology and/or dental anomaly possibly associated with dysmorphism (cleft, agenesis etc.) No If yes, precise:

Other known situation: No If yes, precise:

4. SURGICAL INFORMATION CONCERNING THE DAY OF THE OPERATION : tick the applicable values

Bimaxillary osteotomy Bilateral mandibular sagittal osteotomy Lefort I Other :

Additional information (additional surgical procedure, planned tooth extraction, etc.). No If yes, precise:

3. ADDITIONAL COMMENTS

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