

Mandatory and necessary minimum fields for the expertise of your file

1. PRACTITIONER/PATIENT'S DETAILS

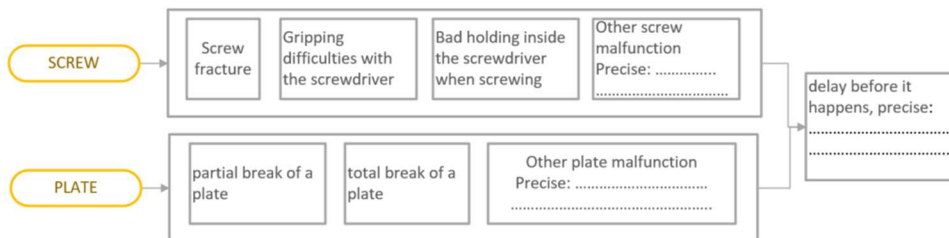
Customer Code (See PL and/or invoice):
 Name (who encountered the malfunction) :
 Patient ID : (optional)

2. TRACEABILITY

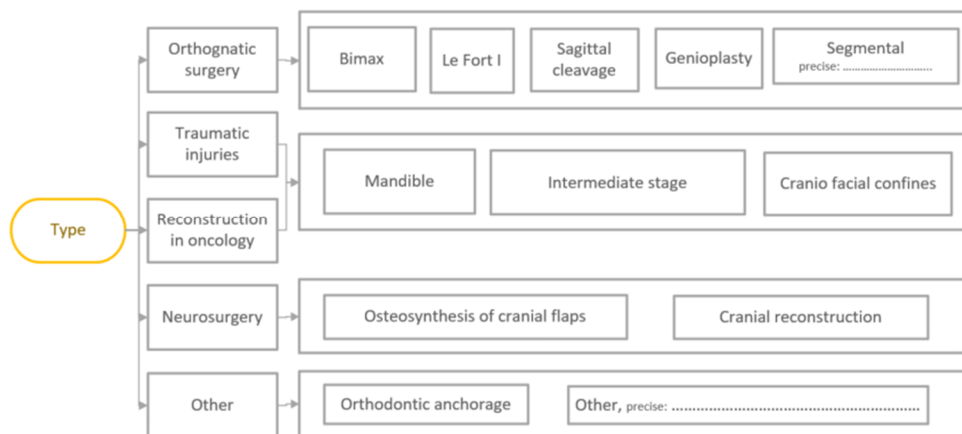
WARNING : the implant and associated prosthetic component shall be returned decontaminated, cleaned and sterilized

Implant location : Mandible Maxilla Skull
Implant : Reference : Batch # : Placement date : Removal date :
Related Ancillary* : Reference : Batch # : (*to the implant at the time of malfunction)

3. MALFUNCTION TYPE: circle where applicable



4. SURGERY TYPE: circle where applicable



5. MALFUNCTION LOCATION

Screw: Head Thread Tip Plate: Loop Bridge Notch

6. SURGICAL MODALITIES

Pre-drilling (if screw): No Yes, precise which drill (∅) : Unknown
 Plate conformation: =< 2 adjustments >= 3 adjustments Unknown
 Conformation with specific tools (Y/N) : Unknown
 Screwing technique: By hand Using a motor Pre-drilling (Y/N) : Unknown

7. FALLBACK SOLUTION

Pre-operative Simple adjustment of the equipment Change of equipment
 Disassembly followed by a re-assembly with the same equipment Change of indication
Post-operative Medical treatment Revision surgery
 Dismantling of the material Fragment of the implant still in place

8. OVERALL CONTEXT

Health condition of the patient: Good Average Poor Unknwon
 Oral hygiene: Good Average Poor Unknwon
 MFS history: No Yes : Date Nature : Unknwon
 MFS physiotherapy history: No Yes : Date Nature : Unknwon
 Extra-facial history: Unknwon
 Systemic disease: No Diabetes Osteoporosis Depression HBP Allergies Unknwon
 Addiction precise: Recent or current treatments precise:.....

Additional comments: