

GLOBAL D VALUES YOUR FEEDBACK : QUESTIONNAIRE TO FILL IN AND SEND BACK IMPLANT FAILURE (QEI)

For Global D (ADV/SAV)

Failure of dental implant file Nr. :

1. PRACTITIONER INFORMATION

Customer number (see PL or invoice) :

Name (having encountered the malfunction) :

Patient ID : (optional)

2. RETURNED PRODUCTS



Checklist of elements to compulsory attached to the file :

- 1. Products must be DECONTAMINATED, CLEANED AND STERILIZED**
- 2. X-rays control BEFORE et AFTER the placement and the removal of the implant and the loading of the abutment**

Implant reference	Implant batch number	Prosthetic component reference	Prosthetic component batch number	Tooth number	Implant placement date (/ /)	Implant removal date (/ /)	Prosthetic loading date (/ /)
<input type="checkbox"/> unknown	<input type="checkbox"/> unknown	<input type="checkbox"/> unknown <input type="checkbox"/> n/a	<input type="checkbox"/> unknown <input type="checkbox"/> n/a	<input type="checkbox"/> unknown	<input type="checkbox"/> unknown	<input type="checkbox"/> unknown	<input type="checkbox"/> unknown <input type="checkbox"/> n/a
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Other implanted site ? No Yes, precise site number:.....

3. PROBLEM DESCRIPTION

Fall of the implant No Yes, precise circumstances :

Lack of primary stability during placement No Yes

Primary/Early failure (lack of osseointegration) No Yes, tick the applicable boxes:

- Drill bit wear No Yes
- Reuse of a healing screw No Yes
- Warming of the bone (temperature > to 47°C for more than a minute) No Yes
- Insufficient primary stability No Yes
- Excessive compression of the bone No Yes
- Bone vascularisation defect No Yes
- Premature loading No Yes
- Induced infectious/inflammatory processes No Yes
- Allergy to titanium No Yes

Secondary/late failure (osseointegration loss) No Yes, tick the applicable boxes:

- Overloading No Yes
- Patient occlusal adjustment in sitting position and MIO at each visit No Yes
- Bruxism No Yes
- Fusion of cement sealant persisting below the prosthetic limit No Yes
- Lack of passivity of the prosthetic framework No Yes
- Bacterial plaque development No Yes
- Peri-implantitis No Yes
- Others (state of health, addiction, medication etc.) :

Pain when chewing No Oui

Implant mobility No Oui

Spontaneous expulsion of the implant No Oui

Bone loss * No Oui

Uncontrolled exudate No Oui

Other, precise :

* radiography greater than half the implant length

4. PATIENT AND SURGERY INFORMATION

Diameter of the final drill used :

Implant screwing torque :

Type of implant placement

Post-extractional

Differed

Surgery

In 1 time

In 2 times

Loading

Immediate

Progressive(using provisional abt)

Differed

Restoration

Single unit

Multiple

Complete

Prosthesis

Cemented

Screw-retained

Age :

Gender :

FEMALE MALE

Bone quality :

D1

D2

D3

D4

Comments :