GLOBAL D VALUES YOUR FEEDBACK: QUESTIONNAIRE TO FILL IN AND RETURN

PROSTHETIC COMPONENT MALFUNCTION

For Global D & Partners:

Received by: .....
Registration number *(if applicable)*: .....
Date: .....
Complaint Nr.:.....
Reception date *(at GD headquarters)* :.....

Documents to be attached to the questionnaire:

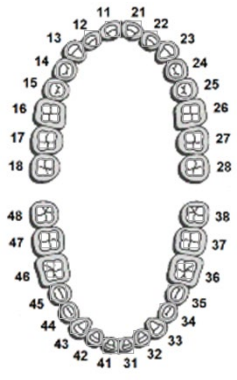
- Panoramic and sectional X-rays of the treatment stages, including the X-ray from the last visit before the onset of the malfunction.
- The incriminated product(s) and the cleaned, decontaminated, and sterilized crown(s), with the registration number indicated on the sterilization pouch.

1. PRACTITIONER/CUSTOMER's DETAILS

Customer code *(see PL and/or invoice)*: .....

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

E-mail: .....



2. PATIENT INFORMATION

Patient ID: ..... Gender: ☐ H ☐ F Location:

Age: ..... Bruxism patient ☐ Yes ☐ No

3. PATIENT CARE

Describe below all the information you consider useful for analysing the case (periodontal status, loss of tooth/teeth during the treatment period, evolution of occlusion, antagonist of the tooth concerned, etc.).

.....

.....

.....

.....

.....

Has there been a previous malfunction in the same location? ☐ Yes ☐ No

Number of patient follow-up visits: ..... Date of last control visit: .....

4. PRODUCT(s) INFORMATION

Prosthetic component

Reference: .....
Batch: .....
If unknown, provide available information: range, type of connection (ST, posterior/2Ex) …
.....

Placement date: .....
Malfunction date: .....

Implant

Reference: .....
Batch: .....

Placement date: .....
Removal date: .....
(If applicable and description in §5)

Prosthesis *(If applicable)*

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

5. DESCRIPTION OF THE MALFUNCTION

Precise description of the circumstances

.....

.....

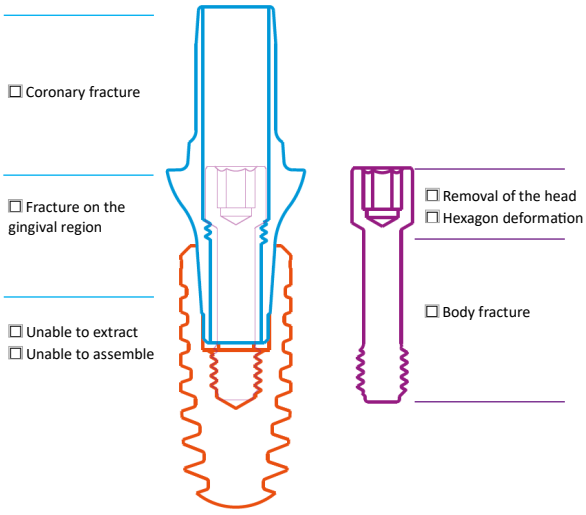
.....

.....

.....

6. PICTURE

Circle/select the area concerned



☐ Other *(If ticked, description in §5)*

7. DESCRIPTION OF THE USE OF THE ANCILLARY AND ACTIONS TAKEN/PLANNED *(If applicable)*

Describe below which ancillary was used (Global D or other manufacturer), the torque applied, whether the extraction was successful, and the action taken or planned.

Successful handling ☐ Yes ☐ No Torque applied: .....

Reference(s) of ancillary(ies) used: .....

Description:

.....

.....

.....

.....

.....

This document is the exclusive property of Global D and may not be reproduced or communicated to third parties without the express permission of Global D