Service & Warranty request

Please **sterilise** the product before shipping. Non- sterilised products will not be processed as they may pose hazards to MegaGen employees. Each product must be returned separately in a sanitized bag with a cleaner indication tag and this form attached.

Reason of returning: ☐ No osseointegration ☐ Peri-implantitis ☐ Sizing ☐ Fracture

Practitioner information:

Surgeon Name: _____ Practice name: _____

Address: _____

Phone: _____ Fax: _____

Patient Information:

Patient number*: _____ Sex: ☐ Male ☐ Female ☐ X Age: _____

*For privacy **Do Not** use patient's name:

Medical History:

☐ Diabetes Melitus ☐ Radiation Tx (head/ neck area) ☐ Drug or alcohol abuse

☐ Xerostomia ☐ Coincident chemotherapy ☐ Tobacco use

Product Information:

Please list all involved MegaGen products

Product Type	Product Reference	LOT + SN no.	Placement Date	Removal Date	Location no.

Surgical Information:

☐ Handpiece & Manual placement ☐ Handpiece placement ☐ Manual placement

☐ Final drill before implant placement: _____

☐ Approximate number of uses of the final drill: ☐ Initial use ☐ 2-9 ☐ 10-19 ☐ 19-25 ☐ More than 25

☐ Torque end value on insertion: _____ Ncm

Bone condition	☐ D1	☐ D2	☐ D3	☐ D4
Oral hygiene	☐ Good	☐ Moderate	☐ Poor	
Surgery type	☐ Immediate	☐ 1-stage	☐ 2-stage	
Was primary stability achieved?	☐ Yes	☐ No	☐ N/A*	
Has the implant been osseointegrated?	☐ Yes	☐ No	☐ N/A*	
Were other implants placed during treatment?	☐ Yes	☐ No	☐ N/A*	
Bone augmentation used during treatment?	☐ Yes	☐ No	☐ N/A*	

*Not Applicable

Company address
MegaGen Benelux BV
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5061 KB Oisterwijk
Netherlands

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5000 AP Tilburg
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info@megagen.nl
BE +32 (0)3 - 80 80 386
info@megagen.be

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Service & Warranty request

Event Information:

Were any of the following topics involved in the event?

- ☐ Bruxism
- ☐ Bone resorption
- ☐ Tongue (pressure)
- ☐ Sinus perforation
- ☐ Adjacent to endodontic tooth
- ☐ Immediate extraction site
- ☐ Infection
- ☐ Other: _____

Were any of the following topics involved in the event?

- ☐ Pain
- ☐ Abnormal sensation
- ☐ Mobility
- ☐ Fistula
- ☐ Swelling
- ☐ Abscess
- ☐ Bleeding
- ☐ Numbness
- ☐ Inflammation
- ☐ Other: _____

Prosthesis Information:

Only applicable if the prosthetic restoration has been placed.
The original MegaGen abutment should be entered under 'Product Information' on page 1.

Name and address of dental laboratory/dental prosthetic practice: _____

_____

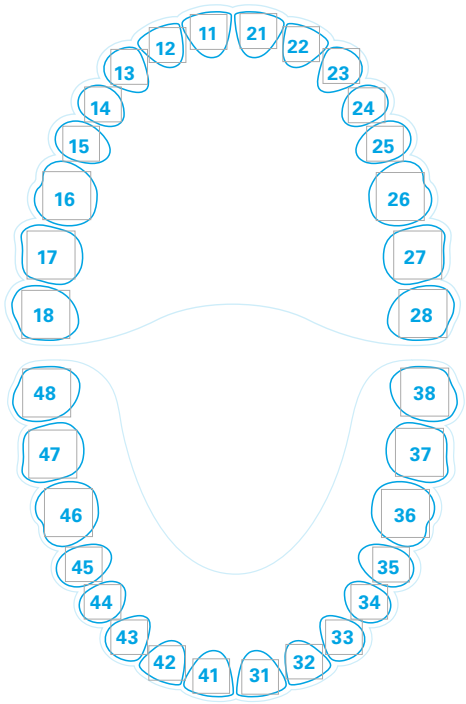
Type of restoration?

- ☐ Full Bridge (lower)
- ☐ Full Bridge (upper)
- ☐ Bridge
- ☐ Crown
- ☐ RPD* (lower)
- ☐ Other: _____
- ☐ RPD* (upper)

Date abutment was installed _____ Date abutment was removed _____

Torque value applied on installing _____ Ncm

Description of event:



Date _____ Signature _____

To be completed by MegaGen:

Fileref.: _____ Signature: _____

* Removable Partial Denture

MEGAGEN BENELUX

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