

PRODUCT QUALITY GUARANTEE FORM

SHIPMENT DATA

Please fill in a form per patient and send it to the attention of the Quality Department by one of the following means:

- Email: garantiacalidad@phibo.com
- Courier: Gato Pérez 3-9, Pol. Ind. Mas d'en Cisa, C.P. 08181 Sentmenat, Barcelona (Spain).
- If you wish, you may also contact us by phone in the phone number **+34 93 715 19 58**

CUSTOMER DATA

Legal Entity	<input style="width: 80%;" type="text"/>
Lab Number	<input style="width: 80%;" type="text"/>
Contact Person	<input style="width: 80%;" type="text"/>
Doctor/Prosthetist Name	<input style="width: 80%;" type="text"/>
Telephone	<input style="width: 80%;" type="text"/>
Email	<input style="width: 80%;" type="text"/>

PATIENT DATA

History file # <input style="width: 80%;" type="text"/>	Drugs consumption <input type="checkbox"/>
Patient Age <input style="width: 80%;" type="text"/>	Bruxism <input type="checkbox"/>
Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>	Diabetes <input type="checkbox"/>
Bone quality: I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/>	Periodontal disease <input type="checkbox"/>
Smoker <input type="checkbox"/>	Infectious disease <input type="checkbox"/>
	Lack of Oral Hygiene <input type="checkbox"/>

CASE DESCRIPTION

Please make a brief description of the case and point out relevant patient's diseases

CASE DETECTION

• Please point out when the case was detected:

At reception of product	<input type="checkbox"/>
During handling in lab or clinic	<input type="checkbox"/>
During clinical practice with patient	<input type="checkbox"/>
After insertion in patient	<input type="checkbox"/>

Was it necessary to use an initial thread repair kit: Yes No

Was it necessary to use a full thread activation kit: Yes No

CASE DOCUMENTATION

Please point out support actions for the case:

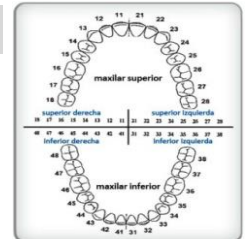
- Return of the affected product to be analysed
- Pre-op and post-op X-rays of the patient

In CAD-CAM products please point out traceability details:

- File re-sent Yes No Original file number
- Re-scanned Yes No New file number

PRODUCT TRACEABILITY

Product Reference	Lot / Serial #	Insertion Date (DD/MM/YYYY)	Incidence Date (DD/MM/YYYY)	Position
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>	<input style="width: 95%;" type="text"/>
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PROSTHETIC DATA

CLINICAL DATA

SURGICAL DATA

• **Material**

CrCo <input type="checkbox"/>	Titanium <input type="checkbox"/>	Zirconium <input type="checkbox"/>
IPS-emax <input type="checkbox"/>	Golden Titanium <input type="checkbox"/>	Translucent Zirconium <input type="checkbox"/>
PMMA <input type="checkbox"/>	Wax <input type="checkbox"/>	

• **Prosthesis**

Screwed Crown <input type="checkbox"/>	Cemented Crown <input type="checkbox"/>	Over-denture <input type="checkbox"/>
Screwed Bridge <input type="checkbox"/>	Cemented Bridge <input type="checkbox"/>	Hybrid <input type="checkbox"/>
Removable partial <input type="checkbox"/>	Complete <input type="checkbox"/>	# Pieces <input style="width: 20px;" type="text"/>

• **Structure**

Cast CAD-CAM

• **Use of original analogues**

Yes No

• **Use of pillar**

Yes Ref: No

• **Prosthesis collocation date**

• Please point out if patient developed:

Perimplantitis

Infection

• **Instruments**

Less than 10 uses

More than 10 uses

Cleaning by manual method

Cleaning by ultrasound

Sterilisation by dry heat

Sterilisation by autoclave

Torque applied manually

Torque applied mechanically

Torque applied (Newtons)

• Please point out if performed:

Disparallelism between implants

Use of screw plate in insertion

Sinus elevation

Use of biomaterials

Use of healing pillar

Immediate load

Post-extraction implant