

MACROS Dental Implant Systems

Failure Form

Print this form, fill it in all its parts and attach it to the returned item.

TYPE OF IMPLANT	<input type="text"/>
CODE	<input type="text"/>
LOT NUMBER	<input type="text"/>
NUMBER OF IMPLANTS INSERTED	<input type="text"/>
NUMBER OF IMPLANTS RETURNED	<input type="text"/>
NUMBER OF FAILED IMPLANTS	<input type="text"/>
IMPLANT INSERTION DATE	<input type="text"/>
IMPLANT REMOVAL DATE	<input type="text"/>

PATIENT DATAS

MOTIVATE THE LOSS OF OSTEOINTEGRATION AND DESCRIBE THE CLINICAL COURSE

AGE	<input type="text"/>
GENDER	<input type="checkbox"/> Female <input type="checkbox"/> Male
HYGIENIC CONDITIONS	<input type="text"/>
GENERAL HEALTH	<input type="text"/>
SMOKER	<input type="checkbox"/> yes <input type="checkbox"/> no

Does the patient have diabetes? yes no

Is the patient taking drugs for osteoporosis?
If yes list the medication/s

Was the area inflamated at the time of placement?

List of drugs that the patient was taking in the period
of the surgery?

DENTIST DATA

NAME AND SURNAME

Have you already used this type of implants before? yes no

Indicate the approximate number of installed implants

MACROS IMPLANT SYSTEM

wd-cursor-dark
Ostim OSB. Mh. 1271. Cd. No: 19, YENİMAHALLE / ANKARA wd-phone-dark
Phone: +90 (312) 418 93 72
wd-envelope-dark
E-Mail: sales@erfadent.com