B&B DENTAL
implant company

WARRANTY MODULE

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

TYPE OF IMPLANT

CODE

LOT NUMBER

NUMBER OF IMPLANTS INSERTED

NUMBER OF IMPLANTS RETURNED

NUMBER OF FAILED IMPLANTS

IMPLANT INSERTION DATE

IMPLANT REMOVAL DATE

PATIENT DATAS

MOTIVATE THE LOSS OF OSTEOINTEGRATION AND DESCRIBE THE CLINICAL COURSE

AGE

GENDER Female ○ Male ○

HYGIENIC CONDITIONS

GENERAL HEALTH

SMOKER yes ○ no ○

Does the patient have diabetes? yes ○ no ○

Is the patient taking drugs for ostheoporosis?
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

B.&B. Dental S.R.L. - Via San Benedetto, 1837 – S. Pietro in Casale (BO) - 40018
Tel. +39 (0)51 811375 - Fax +39 (0)51 6669400
P.IVA 02097141200
www.bebdental.it
info@bebdental.it