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# IMPLANT WARRANTY POLICY

WITH EFFECT FROM 24/11/2022

## 1. Early failure (<1 year post-placement)

In the event of an implant not integrating within a 1 year period after placement, the implant will be replaced at no charge provided that:

- The implant warranty form is completed in full.
- A copy of the invoice is attached (or an equivalent proof of purchase enabling traceability to implant part no. and lot no.).
- The implant and cover screw/healing abutment are returned with the form for physical inspection.

**NOTE:** This warranty does not cover the cost of prosthetic components.

## 2. Implant late failure (1-25 years post placement)

At its discretion, Southern Implants may supply components for retreatment of patients who have experienced implant failure after 1 year of loading. Support will only be considered if:

- The implant warranty form is completed in full.
- A copy of radiographs/CBCT at the time of placement and close to time of failure are submitted.
- All retrieved components are submitted for physical inspection.

## 3. Implant placement

Southern Implants will support the distributor through replacement of the implant when the failed implant is returned with the supporting documents

**NOTE:** Southern Implants warranty does not cover cost of laboratory procedures or consequential damages. Southern Implants does not offer warranty replacements on laboratory or prosthetic components. Implant warranty claims cannot be processed unless all appropriate subsections of the application form have been completed.

### Customer Information

<b>Customer Details</b>	Sold to Account #	
Facility Name	Invoice No.	
Clinician Name	Address	
Contact Phone	Country	
Contact E-mail	Placed By	
Invoice Attached to this document?	<input type="radio"/> Yes	<input type="radio"/> No

### Patient Information

Patient Details <small>(for privacy, do not use patient name)</small>	Report		
Patient Reference	Uncontrolled diabetes <input type="checkbox"/>	Severe atrophy <input type="checkbox"/>	Metabolic bone disease <input type="checkbox"/>
Age	Osteoporosis <input type="checkbox"/>	Drug or alcohol abuse <input type="checkbox"/>	Infected implant site <input type="checkbox"/>
Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	Parafunction <input type="checkbox"/>	Psychological disorder <input type="checkbox"/>	Radiotherapy <input type="checkbox"/>
Smoker? <input type="radio"/> No <input type="radio"/> Yes	Immunocompromised <input type="checkbox"/>	History of periodontitis <input type="checkbox"/>	Anti-coagulant therapy <input type="checkbox"/>
Patient Oral Hygiene <input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Excellent	Blood disorder/ Vascular impairment <input type="checkbox"/>	Steroid therapy <input type="checkbox"/>	Allergy/hypersensitivity to implant or restorative material <input type="checkbox"/>

### Product Details

Product Code	Lot Number	Placement Date	Removal Date	Region/Tooth Number

### Event Description

## Surgery Details - Implant Related

<b>Bone quality</b>	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>
<b>Time of loading</b>	Immediate (<48hr) <input type="checkbox"/>	Early (48h - 2 weeks) <input type="checkbox"/>	Delayed (>2 Weeks) <input type="checkbox"/>	
<b>Type of restoration</b>	Single <input type="checkbox"/>	Partial <input type="checkbox"/>	Full arch <input type="checkbox"/>	
<b>Socket type</b>	Healed site <input type="checkbox"/>	Extraction site <input type="checkbox"/>		
<b>Was difficulty encountered with the pre-mounted fixture placement tool?</b> (if yes, please describe)				
<b>Was the recommended site preparation sequence followed?</b>			Yes <input type="button"/> No <input type="button"/>	
<b>Please describe any deviations from the manufacturer's recommended sequence (e.g. osseodensification):</b>				
<b>Was primary stability achieved?</b>			Yes <input type="button"/> No <input type="button"/>	
<b>Please provide details of bone augmentation:</b>				
<b>Please provide details of soft tissue augmentation:</b>				

## Reason For Failure

Biologic	Mechanical	Iatrogenic
Pain <input type="checkbox"/>	Abutment fracture <input type="checkbox"/>	Unsatisfactory aesthetics <input type="checkbox"/>
Allergic reaction <input type="checkbox"/>	Prosthesis fracture <input type="checkbox"/>	Implant dropped / de-sterilized <input type="checkbox"/>
Peri - implantitis /Infection <input type="checkbox"/>	Prosthetic screw fracture <input type="checkbox"/>	Wrong size (Implant) <input type="checkbox"/>
Excessive bone loss <input type="checkbox"/>	Implant fracture <input type="checkbox"/>	Implant Swallowed <input type="checkbox"/>
Loss of osseointegration (>1 year) <input type="checkbox"/>	Driver/connection distortion <input type="checkbox"/>	
Damage/perforation to anatomical landmark(s) <input type="checkbox"/>		
Implant mobility <input type="checkbox"/>		
Hard/soft tissue graft failure <input type="checkbox"/>		
Other (please describe)		

## Signature (Required)

By signing below I am acknowledging that I understand the terms and conditions of the Southern Implants Warranty and that the information being provided is truthful and accurate.

Clinician

Date

## Office Use (Southern Implants Internal Use Only)

Date received		Investigation required?	Yes <input type="button"/> No <input type="button"/>
Associated Doc. No.			
Serial No.			

# FORM-15-19 (DOC-343) Ver. 1

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**Approved By:**

[\(CO-92\) Implant Warranty - Updated Process Upload](#)

**Description**

Upload of the newest revision of the Southern Implants Implant Warranty Forms , Implant Warranty Work Instruction , Updates Sales Work Instructions and a revised QAP-31 referencing the procedure for completing Implant Warranty activities.

**Justification**

Process is being revised to ensure timely and coordinated gathering of data from the Implant Warranty Forms

<b>Assigned To:</b>	<b>Initiated By:</b>	<b>Priority:</b>	<b>Impact:</b>
Chani Galgut	Chani Galgut	High	Major

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**Version History:**

<b>Author</b>	<b>Effective Date</b>	<b>CO#</b>	<b>Ver.</b>	<b>Status</b>
Chani Galgut	December 6, 2022 7:55 AM SAST	<a href="#">CO-92</a>	1	Published
Chani Galgut	August 25, 2022 2:48 PM SAST	<a href="#">CO-25</a>	0	Superseded