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| **APPLICATION FOR IMPLANT WARRANTEE CLAIM** |
| **A. PATIENT Detaljer (måste bifogas för alla reklamationer)** |
| Kirurgens namn: | Implantets produkt kod: |
| Lot. No. |
| Faktura nummer vid inköp: | Bilaga (🗸) | Ja | Nej |
| Patientens namn: | Patientens Telefon nummer:  | Del av käke/Tand nr.: |
| Datum för installation: | Datum för avlägsnande av implantat: |
|  |
| **B. PROTOKOL detaljer (omit if failure occurred before implant placement)** |
| Protokol använt | Tvåstegs kirurgi | Direkt belastning | Flapless |
| Enstegs kirurgi | Tidig belastning | Direkt installation |
|  |  |  |  |  |
| Ben kvalitet | I | II | III | IV |
|  |
| **C. Anledning till reklamation (skall bifogas alla reklamationer)** |
| **Tidig förlust:** | **Fraktur typ:** | **Kontraindikation:** |
|   | Mobilitet direkt vid installation |  |  | Implantat fraktur |  |  | Dålig benkvalitet/kvantitet |  |
|  | Förlust innan protetisk belastning |  |  | Distans fraktur som kräver implantat avlägsnande |  |  | Kompromissat medicinskt tillstånd |  |
| **Mjuk vävnads irritation:** |  |  |  |  | Bruxism eller överdriven occlusal kraft |  |
|  | Värk eller bestående inflammation utan benförlust |  |  | Implantat fraktur som kräver implantat avlägsnande |  |  | Dålig oral hygien |  |
|  |  |  |  |  |  |  | Rökare |  |
| **PERI-IMPLANTIT:** |  | Protetisk fraktur som kräver implantat avlägsnande |  |  | Skada på sinusmembraner eller mentale foramen |  |
|  | Behandlingsresistent infektion efter belastning (blödning, djupsondering fickor, suppuration |  |  |  |  |  |  |  |
|  |  |  | **Installations vridmoment :** |  | Benersättnings fölust |  |
|  |  |  |  | Distortion of driver interface |  | **Annat:** |
|  | Stor benförlust |  |  | during placement |  |  | Patient förfrågan |  |
| **ALLERGI** |  |  | Vrängning av skruv vid åtdragning |  |  | Implantat tappat eller resteriliserat |  |
|  |  |  |  |  | Storlek olämplig |  |
|  |
| **Om anledning till implantat förlust inte täcks in av ovan, vänligen förklara :** |
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| **D. (vid förlust som uppstår 9 månader efter implantat installation)** |
|  ( Godkänner ni granskning av protokoll🗸 ) |  | Ja | Nej |
| Har röntgen bilder bifogats? | Ja | Nej | ..och modeller | Ja | Nej |
| Vänligen motivera vilka komponenter ni vill ha ersatta och varför(bifoga brev om möjligt): |
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| **E. (fyll I för alla reklamationer)** |
| Kirurgens namn: |  | Datum: |
|  |  |  |  |
| DAB/ Southern Implants: | Datum mottaget: | Associated Doc. Nos.: | Serial No. |
| Vidare undersökning krävs: | Ja | Nej | Om ja, kopia #:  |
| Anledning om ingen vidare undersökning: | Kontrindikation | Otillräcklig data | Data som krävs för att anpassa problem |
| Other:  |
| Signature: | Date:  |

**IMPLANT WARRANTEE POLICY**

**WITH EFFECT FROM JUNE 2007**

1. **Implant does not integrate (or integrating initially and then loosening)**

In the event of an implant not integrating within a 9 month period after placement, the implant and cover screw or healing abutment, will be replaced at no charge provided that:

|  |  |
| --- | --- |
| • | Part A, B, C and E of the warrantee form is completed. |
| • | 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. |

**Note:** Integration should be thoroughly verified before making the prosthetics. In the event that the prosthetics are made and then non-integration / de-integration is detected, the warrantee does not cover the cost of such prosthetics.

1. **Implant late failure (up to 25 years)**

Failures due to fatigue or de-integration after restoration are not common and are often associated with prosthetic overload, prosthetic mishap or maintenance issues. Southern Implants may assist with components for re-treatment depending on the motivation.

 • Part A, B, C, D and E of the form are to be completed.

 • A copy of X-rays at time of placement and close to time of failure to be submitted.

 • Models to be submitted if they are available.

 • All retrieved hardware to be submitted.

 • A review board may be used to recommend if component replacement is appropriate. This board is appointed by the P-I Branemark Institute of South Africa.

1. **Implant placement aborted**

In rare cases, the implant is placed but is found to not be sufficiently stable or the prosthetic axis is judge to be incorrect and a different configuration is chosen. Such implants (placed but immediately removed) are not failed implants. However, the warrantee program covers 50% of the price paid for such implants. The procedure to follow is:

 • Part A, C and E of the form to be completed.

 • The removed implant to be returned with the form.

 • A copy of the invoice to be attached to the form.

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| **Note:** | **Southern Implants warrantee does not cover cost of laboratory procedures or consequential damages. It is limited to replacement components.** |